

The Journal of Osteopathy

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THE JOURNAL OF OSTEOPATHY

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DR. STILL'S LATEST WORK.

Charles Hazzard, Ph. B., D. O.

It is agreed that in his "Philosophy and Mechanical Principles of Osteopathy" Dr. Still has produced his best writing. It is fortunate for osteopaths everywhere, and for the science which they represent, that the venerable founder, with mental vigor unimpaired, has been restored to physical vigor in an amazing degree. Never, in the eight years that the writer has been associated with the study and work of osteopathy, has the "Old Doctor" been so much about the school and so intent upon instructing the students in the true principles of the science, as he has been during the last two years. During this time also, he has been engaged in writing this book, which reflects the study and experience of the life-time of the founder of osteopathy. Students and faculty alike, who have been so fortunate as to be under Dr. Still during these two years, have enjoyed a rare opportunity in getting the continual lectures and demonstrations which have marked the progress of his writings. His mind has been full of the subject upon which he wrote, and he told it to us freely, without stint, being anxious that every man and woman should grasp the truths that he has so insistently set forth. We would not exchange the last two years and their teachings for all the study and experience that has gone before. Had any of us been disposed to feel, because of having had several years of study and experience before, that we "know it all," we would soon have been convinced of error when we witnessed the wonderful outflow of new and profound truths which Dr. Still pressed upon us from day to day. How earnestly we strove to drink them all in! How fortunate, indeed, that we need not depend upon memory alone to store these treasures, but that they all, and many others, have been stored away for our use, and for the use of all, in the pages of this book! The lesson is there and we have learned it well, it is this: Would you be an osteopath; think osteopathy; study osteopathy; talk it, dream it, be saturated in it, even as is Dr. Still, and carry the message to the great world.

What has Dr. Still put into his new book? "This work" says he "which is designated as a guide—or text-book for both student and operator, will be written with the purpose on the part of the author to assist the beginners and

the more advanced in their efforts to obtain good results by accommodating nature to do its own mending and restoring." This we all recognize as the basal principle of the science. He points out the great study of anatomy as the most important, and imbues the reader with a desire to know anatomy, not simply book anatomy, but the anatomy of the living body in health and disease, constructive and analytical *Osteopathic Anatomy*, without a comprehension of which none of us can succeed. He pursues the simplest plan to enable the student to follow him, taking the body part by part, explaining the structure of each, its diseases, the osteopathic way of discovering and repairing the causes of such diseases.

He impresses us that the body is our text-book, and running throughout the work is that quaint, yet sound philosophy, forever inseparable from our memory of Dr. Still, by which he teaches us to reason from cause to effect in things osteopathic, even as he himself reasoned as he built up, with energy untiring, his great science. He sets forth the wonderful new lesson of the abdomen, showing how displacement of the cæcum, as well as of other parts of the abdominal viscera, lies at the bottom of many a disease. The writer is reminded as he writes of this, of how Dr. Still went to the case of fever, upon which several had tried their skill, and with a skillful treatment of the abdomen, brought about a marked fall of the temperature almost at once.

It is not the purpose of this article to enter upon a long review of the book, but certain it is that the true student will find these great things, if only he have eyes to see and a mind to understand them.

DISEASES OSTEOPATHICALLY DESCRIBED.

By Carl P. McGonnell, D. O., Chicago.

FOURTH PAPER.

Bronchitis.

BRONCHITIS or what is ordinarily termed "cold on the chest," is a very common affection. Next in order of frequency to a cold in the head comes bronchial disturbances, due to catching cold directly upon the chest, or to an extension of a cold downward from the upper respiratory tract, usually from the nose or throat. Naturally, as every one is aware, a bronchial catarrh whether of an acute or chronic character is more serious than a nasal or throat catarrh, owing to the close and immediate proximity of the lung tissues.

Bronchitis is nothing more or less than an inflammation of the mucous membrane lining the bronchial tubes. The inflammation is of the same character as the inflammation of nasal catarrh. The membrane is congested, reddened and covered with a tough mucus. In severer cases the sub-tissues are swollen and the smaller bronchial tubes dilated.

The common cause is catching cold. Perspiring freely, so that the body is covered with a film of moisture, and then subjecting the body to a colder temperature or to a draught is by far the most frequent method of inducing an

attack. The muscles of the body, especially the chest and neck muscles, become contracted from the exposure which drives the blood internally and congests the mucous membrane. If the exposure is prolonged the muscles still further contract and the temporary congestion is followed by a still greater influx of blood. This condition is quickly followed by inflammation of the mucous membrane, and should the individual be predisposed to bronchial affections or his general health not up to par the attack is apt to be much more severe. Upon exposure a chilliness is felt or perhaps a decided chill may follow, due to rapid cooling of the body by evaporation of the perspiration, and particularly to the lessening of the superficial blood supply. This trouble, however, is not all due to mere evaporation of the surface moisture and to contracted muscles; part is caused by a reflex inhibitory action of certain nerves (vaso-motor) whose function is to regulate the calibre of the blood vessels. Here, then, is a temporary paralysis of certain very important nerves. First, it should be noted that an important part of a blood vessel is made up of muscle, and that this muscular coat is controlled by a special set of nerves called vaso-motors, whose function is to dilate and contract the blood vessels as occasion demands. Thus, there is a continuous fluctuation throughout the entire body of the diameter of the various blood vessels. For example, after eating a meal a large amount of blood is required in the digestive organs to carry on their work, consequently the vessels in the stomach, intestines, etc., are dilated very fully and naturally the vessels in other parts of the body are contracted toward a minimum degree, all due and presided over by this wonderful system of vaso-motor nerves. Every one is familiar with the drowsiness that often succeeds a meal; of course, caused by the lessened amount of blood in the brain, as a larger supply is required in the digestive organs than at other times.

Thus, this wonderful system of nerves is to be reckoned with in nearly every disease; for after all does not health mean, generally speaking, a regulation of the blood supply? The osteopath makes much out of the vaso-motor nerves. One of his chief studies is to understand this system, where best he can influence it for both local and general effects. In cooling a feverish body or relieving a congested brain his principal work is directed to this system of nerves.

Then, to sum up the steps in the catching cold process, there must be first, an exposure of the surface of the body to a draught or colder temperature; second, a contraction of the muscles; this may be a limited area only as about the chest, especially the shoulders and spine, which produces (partly) the chilliness, pales the surface, helps drive the blood inward, and paralyzes certain fibres of the vaso-motor nerves; third, congestion followed by inflammation of the bronchial mucous membrane. Thus we can readily see if an osteopathic treatment was immediately forthcoming, so that the contracted muscles are thoroughly relaxed and the superficial blood supply established, the cold would be aborted. The same object is sought for when a hot bath

and rub down is prescribed or hot drinks recommended, but such are not always a success for the simple reason that the treatment is not a specific one. Naturally, a vigorous constitution could throw off considerable cold with a little indirect aid; but certainly one can readily see the logic, and moreover enjoy the efficaciousness of the specific osteopathic treatment.

Internal remedies, sprays, inhalations, etc., prescribed by the M. D. for colds are like so much indirect shot gun treatment. As usual they get the cart before the horse—treat an effect and not the cause. This reasoning is good as far as it goes but they begin at the wrong end, i. e., the diseased parts, the effect, and end by hammering away at it with their little pills; but thanks to the Lord the human body can stand much abuse and ill treatment in the majority of instances. The osteopath has nothing to say against good hygienic treatment; in fact, the wise osteopath adopts hygiene as necessary as good house keeping is to the health and comforts of its occupants.

Why on earth does the physician introduce, as his primary treatment in bronchial catarrh, remedies into the stomach? He only adds insult to an already injured body, although the body is affected only locally. Why he should write out prescriptions for drugs to be inhaled, whereas the inflamed mucous membrane is only an effect of contracted muscles between the shoulders and over the chest, and apply sprays to inflamed parts, if they can be reached, is certainly beyond the comprehension of intelligence. (Bear in mind, the osteopath does not question the use of antiseptics to diseased tissues as an aid, but to rely upon such treatment as anything but secondary certainly exhibits a lack of knowledge of disease.) This kind of treatment would be akin to the sanitary expert, who upon finding the sewerage system clogged by a pile of debris, would take a pole and probe around in the various pools and sluggish places caused by the damming up, with the hope that this local stimulation would so stir matters that it would regain its normal condition or else slop over with the result that the debris would go with it; finding this a failure he would take a few sticks of dynamite and explode them at divers places trusting that a general shake-up of the system would accomplish the desired end. Certainly this procedure would be most ridiculous, still there is some medical treatment that is no more logical.

There are conditions that predispose to bronchitis, such as a flat or deformed chest and particularly a weakened spine between the shoulders. Pain and aching high up between the shoulder blades often indicates a weak spine at that point, and which weakness usually predisposes to bronchitis on account of the local nerve impingement to the bronchial tissues. General ill health naturally lessens the resisting powers of the body and consequently predisposes to colds of various parts. The very young and very old, also, are predisposed to bronchitis on account of lessened vitality and recuperative power. One attack predisposes to another, and quite likely some cases of bronchitis are of microbic origin. It should be remembered that bronchitis is

a symptom of measles, and all are familiar with its association with many cases of influenza.

The principal treatment has been outlined, relaxing and readjusting the contracted muscles of the upper spine and of the chest. Next in importance is stimulation of the bowels and kidneys coupled with a thorough treatment of the liver. In severe cases rest in bed is necessary, and in these cases diet should principally be a fluid one of milk and broths. In severe attacks the inflammation is likely to involve a large bronchial surface and extend to the smallest bronchial tubes. These cases are termed capillary bronchitis and are very dangerous, especially to young children and elder persons. In all cases where bronchitis is at all severe the patient certainly should be under the care of an osteopath.

It should be emphasized that considerable can be accomplished in preventing attacks. Treatment correcting weakness to the chest as well as toning up the general system is of first importance. Then dressing warmly, still not too warmly, and avoiding exposure to changeable and cold temperatures is essential. Exercise, fresh air and cold sponging of the body aids in toning up the system and thus prevents the predisposition to attacks.

CHRONIC BRONCHITIS.

The chronic form of bronchitis is one of the great worries of the old. The old are apt to suffer from this affection on account of their lowered vitality. Then besides there are many disorders that predispose to the trouble.

In the first place the most common cause of chronic bronchitis is repeated attacks of the acute form. As has been stated one attack predisposes to another, and so it is common to find sufferers who, during the winter and spring months, have regular attacks of the chronic form lasting several weeks. The repeated acute attacks keep the muscles of the upper spinal area under a state of chronic contraction, which draw the vertebræ and ribs between the shoulder blades away from their normal position. A contracted set of muscles, and particularly so if it is constantly under a state of contraction for several days or weeks, can readily sub-dislocate a vertebra or rib or even cause a curvature of the spine. And displaced vertebræ and ribs from the second to seventh dorsal region are always found in chronic bronchitis. Probably one of the main divisions of the causative factors between acute and chronic diseases, especially those produced by atmospherical changes, will be found, that in contracted muscles is the primal causative feature of acute diseases, while deep seated osseous lesions predominate in chronic cases.

The bony lesion may right itself, certainly not as easily as a muscular one; but when deeply and firmly seated, and especially in cases like chronic bronchitis brought on repeated acute attacks, there is little hope of permanent relief short of osteopathic readjustment. Of course, changes of climate and good care of the body generally, will tend to lessen the inflammation as well as relax the deep seated spinal muscles, and the patient experiences apparent

complete relief; but it is temporary only under the existing conditions. The deep osseous lesions keep the vaso-motor nerves under a state of impairment, and on the least provocation from atmospherical changes the dreaded symptoms appear.

There are cases of chronic bronchitis where the chest region is hypersensitive, and has always been so. If this predisposition to catching cold can not be overcome by careful treatment to the chest and by toughening and hardening of the body generally the patient had better remove to a more salubrious climate. A person with certain organs congenitally weakened should take the best of care of himself and seek an advantageous climate.

There are many diseases to which chronic bronchitis is secondary, such as other chest diseases, heart disease, typhoid fever, consumption, Bright's disease, gout, rheumatism, etc.

The mucous membrane of the bronchial tubes is inflamed as in chronic catarrh of the nose. In a number of cases the membrane is thin and certain parts atrophied. In severe and long standing cases the most serious part is the involvement of the lungs, and in certain cases the bronchial tubes are dilated owing to extreme weakened nerve force to the tubes. These cases are very hard to handle and a complete cure can not be expected.

In treating chronic bronchitis more than ordinary care should be paid to hygienic measures. Nursing, bathing and exercising come first. Nutritious food and attention to the excretory organs are very important. Too much stress can not be placed upon proper dieting, fresh air, and the temperature of the living and sleeping rooms.

Above all, the osteopathic correction of the chest lesions, as well as careful attention to any associated disease, is desired. It is often surprising to all parties concerned how much can be done by the strictly osteopathic work alone. Often the worst and most troublesome symptoms will entirely abate. I have not placed hygienic suggestions first because it is the most essential part of the treatment, but because it is the part so often overlooked. Continuous and careful treatment will work wonders in these cases, but great care must be taken to avoid additional colds.

In cases where the secretions are very accumulative and tenacious in the lower bronchial tubes manual pressure to the chest and abdomen during expiration will greatly aid. It not only helps in removing the secretions, but relieves congestion and lessens respiration.

CASE I. Mr. T., age forty-four. Chronic bronchitis of four years standing. During the entire year there was always a catarrhal discharge from the bronchial tubes. The severe attacks of the winter season lasted from two to four months with always at least one month spent in bed. The attacks during each successive year were always more severe than the preceding ones.

General health: Bowels badly constipated owing to liver inactivity. Considerable stomach and intestinal indigestion. Sleep very much disturbed, rarely had a full night's rest. Weight, twenty pounds below the average.

Treatment was directed to the region of the spine between the shoulders. There was a twisted lesion between the second and third dorsal vertebrae which caused a sub-dislocation of both third ribs. Treatment was given to correct the vertebrae and ribs, and to render active the liver and bowels.

The treatment was continued three times a week regularly for seven weeks. Result: An absolute cure. The subsidence of the severe cough, expectoration, slight fever, and labored breathing was gradual and in direct proportion to the number of treatments.

It certainly was gratifying to note the gradual and marked improvement in direct proportion to the foregoing specific treatment. No other treatment was attempted, not even a so-called general toning up treatment. A light plain diet was prescribed with plenty of pure water between meals.

Many cases of bronchitis present weakened digestive organs; and a correction of these organs is very necessary. Also, a congested liver favors a bronchial stasis.

CASE II. Mrs. G., age forty. Chronic bronchitis of seven years' standing. The winter attacks were very severe. She was always obliged to leave the harsh northern climate. Expectoration and cough the year around. The infra-clavicular area of the right lung presented slight consolidation; bacteriological examination negative.

General health was fair with the exception of some stomach indigestion. Of course, during severe attacks marked debility and nervousness were evident.

The principal lesions presented were an upward displacement of the vertebral end of the second and third ribs on the right side. The deep neck muscles were somewhat contracted, although not seriously.

Fourteen treatments covering a period of two months were given resulting in perfect health.

CASE III. Mr. S., age fifty-four. Chronic bronchitis of six years standing. The entire respiratory tract was more or less catarrhally inflamed. Paroxysms of coughing exceedingly severe and prolonged. An unusual amount of expectoration. Slight indication of bronchial dilatation. Bacteriological examination negative.

Bowels badly constipated, intestinal indigestion, appetite poor, troubled more or less with insomnia.

The kidneys presented some congestion. An analysis of the urine showed a small amount of albumen; this, however, disappeared after three treatments.

An angular right lateral curvature was found in the dorsal region, with a slight left lateral compensatory curvature in the lumbar area; also, a medium posterior curvature in the lumbar region.

Treatments were continued twice a week for five and one-half months, resulting in a fair state of health. Then rest from treatment and change of climate was advocated and followed for three months. After this, treatment was resumed for two additional months. Result: Subsidence of all serious symptoms, patient comfortable, and able to resume regular duties; only condition

remaining, and a very natural one, easily fatigued on over-exertion.

CASE IV. Mr. R., age fifty-eight. Chronic bronchitis of three years' standing. His condition represented the typical bronchitis commonly found in an elder person. A fluctuating persistent cough, considerable bronchial and other catarrhal discharges, chronic constipation and a variable indigestion. Some lassitude and weakness. At times, when a fresh cold was caught a slight fever, restlessness and headache.

The muscles all along the spine were rigid and contracted. The third and fourth ribs on both sides were depressed owing to an irregular disturbance of the upper dorsal spine.

Attention was paid to the preceding points, and coupled with careful personal hygiene, the patient made an uninterrupted recovery. Treatments were twice and thrice weekly for six weeks.

OSTEOPATHY IN THE TREATMENT OF SCIATICA.

Dr. S. T. Lyne, Leavenworth, Kan.

SCIATICA is often incorrectly termed "sciatic rheumatism." The error no doubt is largely due to the custom of medical practitioners to explain the cause of one's pain by saying, "it is rheumatic." Such a subterfuge is only one of the many manifestations of the fact that medical theory, as well as practice, is confined to a very superficial stratum of the natural law of cause and effect in diseases of the human body.

Sciatica is a very painful affection of the sciatic nerve, neuralgic in character, though there may be inflammation of the nerve or its sheath. It is due to impingement of the nerve or some of its fibers by deranged structures, or to structural interference with the circulation whereby the nerve is irritated by insufficient or stagnant blood.

The sciatic nerve is in reality a continuation of the sacral plexus which is formed within the pelvis by large branches given off from the spinal cord at its terminus above the waist line. The magnitude of this nerve (being the largest in the body), and its direct connection with the spinal cord, explain the fact that sciatica causes vast disturbance of the entire nervous system and is one of the most painful affections to which the human body is subject.

Primary sciatica, with rare exceptions, is confined to one side, and is characterized by sharp, tearing, shooting pain along the course of the nerve. The pain intermits, then comes on in paroxysms lasting from one to several hours. There are more or less contractions and muscular cramps in the affected extremity; and on account of impairment of the trophic influence of the nerve there is muscular waste.

If the injury to the nerve or derangement of its blood-supply is sufficient to produce inflammation, there are sensations of creeping, tingling and numbness in the early stage, and the pain is continuous until sensation is impaired

or lost; motion also is impaired or lost, and muscular waste is much more marked than in cases where inflammation does not exist.

The most common tender points are, in the hip just back of the joint; the middle of the thigh posteriorly; just below the outer side of the knee; the calf of the leg; just behind the outer prominence of the ankle joint, and frequently along the top of the foot. The lesions or structural abnormalities causing sciatica are also very sensitive to pressure.

The cause of sciatica may be anywhere along the spine from the tenth dorsal vertebra to the coccyx, including the innominate bone and hip joint. While an attack is usually precipitated by exposure to wet and cold, extra physical exertion, etc., these agencies may not at the time produce the structural defect that really causes the sciatica; they may act secondarily upon a predisposing tendency, or weakened nerve, which already existed as the result of a structural irregularity brought about years previous by some accidental, atmospheric or abusive influence.

The most direct and common lesion causing sciatica is a slip or tightening at the articulation of the fourth and fifth lumbar vertebræ, or the fifth and sacrum, where branches from the spinal cord emerge from the spinal column before entering into the formation of the sacral plexus. These branches it will be remembered are continued directly through the sacral plexus into the sciatic nerve, hence, how natural that a slight pressure on them by maladjusted structures at these points would cause pain in the sciatic nerve. A slip of the innominate bone is also a very frequent and direct cause, since it throws the pelvis out of line, producing a dragging or tension of the hip-muscles and a consequent impingement of the sciatic nerve where it passes out of the pelvis into the hip. A partial or complete dislocation of the hip-joint will also act as a direct cause.

Pressure on the sacral plexus by pelvic tumors, a displaced uterus, and impaction of fecal matter in the rectum, are sometimes the cause of great pain in the sciatic nerve.

As far as medical treatment is concerned sciatica is a very intractable disease. Materia medica has no specific for it, and offers but little temporary relief. True there have been some recoveries under medical regime, but the fact that one took medicine and recovered is no proof that the drugs cured or in any way helped to accomplish the result, for many people become ill and recover without having resorted to any remedy whatever.

The opportunities of Dr. J. S. Armor, of the Long Island College Hospital, were doubtless exceptional for ascertaining whether or not drug medication has any real value. After years of experience he said: "Drugs are administered and patients get well, but whether because of our medicines or *in spite of them*, it is impossible to say."

Dr. J. W. Carson, of the New York College of Physicians and Surgeons, also fully realized this fact when he said: "Perhaps bread pills would cure as many as medicine."

We are not disposed to credit medicine with curing sciatica for the further reason that it is not administered for the purpose of removing the cause. Again, it has too great a heritage of chronic, crippled and deformed cases who tried it thoroughly from the very inception of the disease.

Evidently the purpose of medical treatment is to simply suppress the pain, for the usual remedy is some opium extraction administered internally until the stomach rebels, and then hypodermically. Sometimes a cocaine preparation is injected into a painful area of the nerve, in some instances causing an abscess possibly more distressing than the sciatica. To simply deaden nerve sensibility not only stifles Nature's cry for help, but never cured a case of any kind.

Osteopathy is a specific for sciatica for the simple reason that it removes the cause. As proof, it has cured many cases that had previously endured months of intense suffering under morphine regime. Furthermore, there are no chronic, crippled cases left in its wake who came to it before they reached a hopeless condition. Our claim is further manifest by the fact that out of some twenty cases of sciatica treated by the writer not one failed to obtain a complete cure.

Primarily the treatment consists in correcting the structural abnormality that interferes with the nerve or its blood-supply. Secondarily, a gradual, deep, steady pressure in the hip back of the joint relieves the paroxysm of pain. With the patient on the back, flexing the leg on the thigh and the thigh on the abdomen, then forcibly extending the leg and flexing the foot on the leg will greatly relieve contraction of the nerve and muscles of the extremity. The latter treatment must of course be gauged by the sensitiveness of the patient—not stronger than can be borne conveniently.

CASE I. Mr. K., age forty, occupation water-works fireman. Right sciatica of four weeks standing. Had been in bed one week, and having tried various remedies without any relief concluded that osteopathy might at least afford him a little sleep. The first treatment so relieved the pain that he slept fairly well through the night. The third morning he dressed and went down stairs, and continued to do so every day thereafter. After ten days was able to walk five blocks to the office for treatment. The lesion in this case was a forward tilt of the sacrum. Treated every day for ten days, then three times per week. In one month he was entirely cured and had resumed his occupation.

CASE II. Mr. G., age fifty. Had been confined to his room for three months with left sciatica. Had tried several medical doctors, one of whom proposed to inject cocaine preparation into the nerve, but the patient concluded that if the pain was "killed" without the cause having been removed it would result in permanent injury to the nerve, so tried osteopathy. The fourth lumbar vertebra was turned to the left and very sensitive to pressure. Treatment always relieved the paroxysm. After third week the paroxysms were much farther apart and gradually became milder. Completely cured in two months.

CASE III. Mrs. W., age forty-two. Had been confined to her room eight months. Chronic case, having passed through the paroxysm stage under

medical treatment. The right leg was drawn to an angle of about forty-five degrees. Patient greatly emaciated and gradually growing weaker. The first and second lumbar vertebrae were posterior and the right ilium slipped forward. In two months the limb was perfectly straight and the patient able to go up and down stairs. In four months the limb was as strong and well as ever and the patient had regained her normal weight.

CASE IV. Mr. S., age sixty. Druggist. Had suffered several weeks with left sciatica, during which time he had exhausted the resources of his pharmacy. After being in bed three days tried osteopathy, promising to stop all medicine. The left ilium was backward. After the second treatment he was able to return to the store. Entirely cured in four weeks.

CASE V. Mr. J., age thirty-eight. Chronic case of several months standing. Had passed through the usual medical treatment. Suffered pain every day, though able to get about, limping badly. Found slight slip of the hip joint and muscles of the entire limb badly contracted. Walked much better after the first treatment. Completely cured in six weeks.

CASE VI. Mrs. C., age forty-six. Had been confined to room and bed six weeks with left sciatica. The fifth lumbar vertebra was twisted to the left and was very tender. After two weeks' treatment the pain had not abated. Examination found the uterus displaced to the left pressing on the sacral plexus; replacing it every few days kept the pain relieved. After one month the fifth lumbar was corrected, the uterus staying well in place, and the sciatica had disappeared.

CASE VII. Mr. B., age fifty-two. Had been laid up for two weeks with right sciatica. The fourth and fifth lumbar vertebrae were drawn tightly together and slightly posterior. After treatment every day for one week the patient was able to walk to office for treatment. In four weeks he was discharged as cured and had returned to his occupation, laying brick.

CASE VIII. Mrs. E., age seventy. Suffered great pain in the right sciatic nerve since receiving a fall some seven months previous. Tender points were in the hip, calf and ankle. The right ilium was slipped up and back and was very sensitive to pressure. In three weeks she was able to walk several blocks with but little inconvenience, and had no further pain at the end of one month's treatment.

DR. STILL VS. DR. LORENZ.

G. M. Gase, M. D., D. O., St. Louis, Mo.

NO DOUBT most of the people into whose hands this article shall fall have been, as I have, noticing innumerable articles in periodicals and the daily press lauding Dr. Lorenz to the skies because he has advanced, I almost said perfected, but nothing is perfect, a method of treating cases of congenital hip-joint dislocations without the use of the knife.

While I would not for a minute detract from Austrian "bloodless surgery"

nor the man who has the public eye on account of it, I must say that the better, safer and more rational American bloodless surgery and the man who made it are not at present receiving so much attention from the public and from those most vitally interested, the victims of this particular trouble and those about them.

I have before me now several articles on the subject. One is in the January Munsey and is headed "A healer of cripples. Adolf Lorenz, the famous Viennese surgeon who journeyed ten thousand miles to operate on the little daughter of a Chicago millionaire, and who generously gave his services to many other crippled children."

Then it speaks of "nature's mistakes" and the pitiful children who come into the world with dislocation at the hip, how vital a matter this is to the victim though a small matter in the whole of the grand scheme of nature, etc.

It speaks of the great kindness of the great doctor in treating poor children free of charge while on his triumphal march from medical organization to medical organization across the whole country. It does not tell what most of us know, that the doctors picked out in advance what seemed to them the most favorable of cases from three to nine years old and that only three or four, more or less, of the most favorable of these were afterwards selected for operation. It says the doctor got \$30,000 for the operation and that the sum is not exorbitant under the circumstances. It may not be. It fails to say that these big fees make it possible for a doctor to do a lot of work free of charge. I have never seen any mention of the hundreds of thousands of dollars worth of work done for nothing for poor people by Dr. Still and his followers in any prominent periodical.

What Dr. Lorenz did for little Lolita Armour is then told in words that have been copied from press to press till almost everyone has seen the account.

"The operation consisted in drawing the child's leg down so that the femur came below the socket of the hip into which it ought normally to fit. When the bone was in line with the socket I pressed it into place. Then to hold it there the limb was encased in plaster of paris from the hip down to a line just above the knee cap. The cast will remain for six months. The little girl will not have to remain in bed all these six months. Tomorrow I shall allow her to sit up; in a couple of days I shall require her to take exercise and that exercise, assisted by nature, will bring about the junction of the bones so that when the cast is removed the hip will perform its function."

Now read this sketch carefully and compare it with this one :

I saw a few weeks ago at St. Charles, Mo., Chester, son of Mr. and Mrs. E. G. Hackman, 117 Pike St. This child is some three and a half years old and came into the world with hip-joint dislocation.

About two years ago an osteopath, Dr. Jno. E. Downing, took the case. In a few months he made an ideal cure. The child now seems as well in the hip that was affected as the other. In fact, I had to be told which had been the bad hip. There is no room for doubt in this case. The boy is still there

and still well and there are numerous witnesses for the skeptical to catechise.

In the Armour child's case chloroform or ether was used, an assistant (possibly several of them) held the child while a man of much more than ordinary strength stretched and tore the muscles loose by main force and then fastened them in line with a plaster cast. It will take the better part of a year to see whether the operation is a success or a failure. During most of that time the child will have to wear the cast.

"Look here upon this picture and on this." I suppose the Hackman child got the ordinary osteopathic treatment as Dr. Downing did not say that he used any thing else. He stretched the tense tissues gradually and broke up adhesions by degrees. He used no anæsthetic and probably gave no pain worth mentioning nor did he have others hold the patient while he stretched and tore. When he had things prepared to his liking he set that hip as other osteopaths have done and are doing, by gentle, intelligent manipulations. I do not remember whether he said he had to do it over again a few times, as is sometimes the case, but be that as it may he got a cure. What more was wanted?

In a recent number of an osteopathic periodical I find this: "The St. Louis papers, knowing much of osteopathy from their proximity to Kirksville, point out that Dr. Still has carried his system to a much better form of perfection than the distinguished Austrian."

Dr. Lorenz speaks of abandoning the knife and deciding "that force should be my instrument." I have seen it stated somewhere that he has met with a few fatalities even in the so-called bloodless operation, either from the anæsthetic or the operation itself, and one of the patients he had on his American trip came near dying.

I think the name "bloodless surgery" is a misnomer for the Lorenz method. I can not conceive of an operation in which there is so much breaking and tearing of the soft tissues without a good deal of bleeding even though the bleeding is under the skin where it does not show.

M. T. C. Wing, in an article in the Toledo News says a lot of things worthy of attention. He says: "The great mass of the people who have been suffering from the conventional treatment of diseases of all kinds and from the rash willingness of the surgeons to cut into the body and make it over upon insufficient diagnosis have been ready for some time to revolt from the schools of practice which, while they may cure the disorder, usually leave a trail of other and worse evils behind. Those who have followed the newspaper accounts of Dr. Lorenz's operations have been impressed as much, perhaps, with the violence that the great surgeon has had to use as with the fact that the final result can not be fully determined for some time yet.

"The osteopathic school of medical and surgical practice, which has been growing so marvelously in this country in the last decade, appears, and with seemingly good grounds, to have a claim prior to Dr. Lorenz as the pioneers of bloodless surgery. The osteopaths claim to be doing and have done all that

the Austrian surgeon has done and to do it better than he does. For they usually do not find it necessary to tear asunder the muscles or skin in their operations. They claim, by a long course of manipulation, to so prepare a subject for the final operation that violent means to set a misplaced hip, for example, are unnecessary.

"Dr. Lorenz, say the osteopaths, has worked out along rational lines of his own a hip-setting system that is almost osteopathic. Medical men of the so-called regular schools, which scout the idea of osteopathy, have done this great foreigner high honor and have thus marked an important era in surgery. Much of the recognition that is given to Dr. Lorenz may, as the osteopaths claim, be their just due, but of this the people have less concern than over the fact that the whole of the healing art is hereafter likely to be conducted along less violent, radical or sanguinary and more rational lines. It is to the gain of the afflicted, no matter to whom the credit for the innovation is due. The osteopaths seem to be more than holding their own as it is. So that any little injustice of the sort isn't likely to work any great harm. And osteopathy has need, as the other schools of practice have had need, to get rid of a lot of freaks, fakers and charlatans who are conscienceless impostors.

"This is a truth the whole medical profession has need to learn. Had they been less arrogant, more humble and tolerant, there would have been less of the right-about-face in their practice and fewer mangled, poisoned victims in the cemeteries. *No man, professional or otherwise, is doing the best he can when he shuts himself in from the truth, no matter from what source it may come.*"

My own opportunities to study this question of hip-setting in its various phases have been rather poor since I became an osteopath and I paid little or no attention to them when an old school doctor for they were simply impossibilities to me then. I have had but two (both double) congenital cases and both were treated unsuccessfully on account of their ages. They were young women of about sixteen years of age. In both cases I soon had things so that I could put the head of the femur where the acetabulum ought to be but there was no socket, it was too small for the head of the bone or it was filled with something more than the gelatinous semi-fluid we read of, possibly fibrous tissue or soft bony tissue.

I have had some cases in which the dislocation was not congenital that were of long standing and a pretty fair false acetabulum had formed from which the head could not be moved. Most of us know this class of cases.

I have had but two perfectly successful cases. One a man who had had a fall from a horse about two years before I saw him. He had great pain in the affected leg, was unable to sleep well, general health had broken down. He had about two inches of lengthening on the affected side, toes turned outward. He could only walk with great difficulty. A few treatments cured him.

I had a case of a woman of about forty-five who had fallen from a carriage and sustained a dislocation. When I first saw her this case was of two years

and a half standing. She had about two inches of shortening. I reduced this dislocation some four or five times before it would stay in position. This was some three years ago. She is still well.

I had a bad, complicated case about a year ago that was of the upward-backward variety that did wonderfully well but was not completely cured when I turned her over to another osteopath and I do not know what the final outcome was.

I am satisfied if I had had the cases at the ages at which Dr. Lorenz takes his patients, I could have made a much more flattering showing.

In my humble opinion the following questions are the ones that must be answered by us after a longer period of practical experience in the treatment of these conditions: Are there, as Dr. McConnell asked in the November Journal of Osteopathy, cases in which immediate is better than gradual reduction? Are there not (quoting him further) cases in which the osteopath can put the hip in place without being able to make it stay there? Is it not a fact that any case that will yield to the Lorenz method will yield better to the straight osteopathic treatment?

In old cases is not the false socket that has formed during many years better than any we could hope to get and ought we not to let this class of cases alone so far as reducing the dislocation is concerned? Is it worth while to try them with the forlorn hope that we may possibly get things loosened up and be able to get a reduction of the dislocation? We know the trial will do them no harm at any rate.

As the Lorenz method is knifeless and drugless it is directly in our line. Shall we learn and use it? It is surgery and we have no fight with any thing in surgery except the unnecessary lopping off of parts and cutting out of organs that ought to be cured and left in the organism to do whatever duty the Creator intended them to do.

I feel sure there are some cases in which there ought to be a line of osteopathic treatment to reduce the dislocation and then fixation of the parts for a little while till a socket begins to form.

My suggestion is this: Let all the osteopaths who have had cases of hip-joint dislocation send in reports of their cases to some suitable person. The reports could be received at Kirksville or some other town where there is a reputable school in operation. Then let a pamphlet be gotten up on the subject classifying the cases and showing what class of cases we can handle, etc., and then if our methods are the best, let us call for proper recognition at the hands of the public and insist on getting it.

In short, let us have a "show-down." I am satisfied that with a similar class of cases more credit for good work in this particular line will be due America, Still and osteopathy than Austria, Lorenz and allopathy.

DISEASES OF CHILDREN.

Florence McCoy, D. O., Toledo, Ohio.

THE diseases of childhood often cause the diseases of manhood. If the parents do not appreciate the proper development, in fact, do not understand what is proper development and contour of their own skeletons, much less will they appreciate the importance of a perfect structural outline of a child. These neglects often occur during the first months of life. The habit of placing a child in a crib, with a pillow that causes a strain between the vertebrae, means more than the casual statement conveys. The pillow habit is started, and a multiple of lesions follow. The head is thrown forward, the spine bent, the ribs thrown down, narrowing the chest antero-posteriorly, the lungs are pressed, often crowding the heart—but the pillow habit continues. In fact, the idea that the pillow is too large for the child did not occur, consequently the child is irritable and restless, becomes a slip of a child without energy or vitality. Another habit is of "propping up" a child with pillows at six weeks of age. At eight months a boy should sit up, just like a man, still, I have seen babies at eight months, fall over whenever an attempt was made to have him sit up, and upon examination and investigation, I found they had been propped up from the time they were five weeks of age. There was a prominent curve in the lumbar region, in each case. So much for habit. Of course, these are but examples, such cases are easily overcome when brought to an osteopath, but compare the number brought for repairs with the number whose mothers do not know there is such a thing as a spinal lesion.

Of the acute complaints of early childhood, a great deal has been said, written and read. They are classified scientifically, named and dosed for accordingly, but it is almost all summed up in the two words—hygiene and diet. They yield so readily to our treatment, it certainly does not seem necessary to say more. During my short term of practice, I have seen many babies given up by the family physician, brought to full health on proper diet and our treatments. A child certainly loves the treatments. The same condition exists in cases of congenital injuries, they all appear "nipped in the bud" but they are not. Osteopathically, it is the moulding of clay—so easily are the difficulties overcome. It is true a matter of time is the consideration, and each case is a study in itself, but each yields and the result is gained. But the great wholesale factory of lesions is the school room. That point in life is where a child has a two-old example—the parents at home and the teacher in the school room, and the tendency to imitate is so much a part of a child's nature, consequently we find the child carrying himself as the father or teacher.

How many of our teachers realize the benefit derived from keeping the body in proper poise. Proper poise means the carriage of the chest, the abdo-

men, with the entire weight of the body well over on the balls of the feet. If this is not understood and carried out by the parents and teacher, the child follows their example of walking improperly, and thus follow abnormal spines—children sitting virtually "on the small of their backs," the hollow chest and weak lungs, lack of oxygen, impure blood, etc. In order to accomplish the good in the line of health, we should press our science and its great system of diagnosis before the controlling heads of our educational institutions. They should be made to understand our mechanical theory, and our basis of work. Let us devise a plan of examining each child in the school room, making a chart of the outline of his spine, the normal and the abnormal conditions, submitting this to the parents. Make this more compulsory than vaccination, or the examination of the eyes or teeth, for the health of each part is dependent upon the general health, and the general health is dependent on a good strong spinal column. This may seem in the distance, but isn't really more distant than ten years ago was the present status of osteopathy.

When once the public understands our theory of diagnosis alone, we have gained this very point for which I am contending. As a homeopathic physician in turning a case over to me remarked, "It is not necessary for you to name your disease in order to treat it," and that seemed to him to be a great point. So after all it argues in a cycle. We are not combating disease, we are simply endeavoring to educate to overcome the cause of disease, as the weaker the foundation the greater the damage done by each storm that attacks. Prophylaxis is the watchword, and as Holt says, "We should first aim at the removal of the cause that interferes with proper growth and development, and second, the prevention of infection."

OSTEOPATHY IN DISEASES OF WOMEN.

W. A. Perry, D. O., Neosho, Mo.

TO WOMEN osteopathy has come as a boon of countless value. It seems that all through the ages she has been rendered liable to disease of the generative organs, and so universal has this form of disease become that women sound and well in this regard are comparatively few.

Added to this deplorable fact is another more deplorable and that is, having once lost the healthful condition of those parts it is a difficult matter to regain it. The acknowledged failure of the medical world in coping with female diseases and the paucity of its successful remedial agents, is enough to warrant consigning such methods to oblivion. In fact up to the time when osteopathic investigations began to revolutionize the theory of the cause and treatment of such conditions no fundamental cause for pelvic troubles had been discovered. Symptoms alone were treated, the primary cause often was overlooked. Leeches were applied to the mouth of the uterus to relieve the organ of its over supply of the blood, but the general system suffered needlessly in this loss of its vital fluid. Caustics such as nitrate of silver, permanganate of

potassa, the sulphates of iron and nitric acid were frequently used to diminish hyperemia. These drugs are among the most destructive known to chemistry and in their action destroy the vital tissues. This method should be condemned as radical and noxious in the extreme. It produces a pathological state in the nerves of the uterus and through them affects the whole nervous system. Even the persistent use of douches is injurious, for while cold water may produce at first a tonic and contractile effect, the reaction exaggerates the former abnormal condition. If warm water is injected, the vaginal secretion is washed away, which in its nature is cleansing and anti-septic.

The following from T. Gaillard Thomas, M. D., in an address before the New York County Medical Society of May, 1870, is sufficient.

He says: "My impression is, that intra-uterine injections do not constitute an advance in the treatment of uterine diseases, that they have done and are going to do a great deal of harm, and that though now they are popular their evil results will cause them after a more thorough trial to be discarded. I believe that where intra-uterine injection is practiced a certain number of cases will die, from penetration of the fluid through the Fallopian tubes."

The Pacific Medical and Surgical Journal has this to say in regard to the present methods of the medical world in treating diseases of women:

"Now let us come home and bring to judgment a sin in the family. Within the profession there is a species of quackery which is advertised, not by the printing press, but by the speculum. There prevails very extensively among our women a singular disorder of which the most prominent symptom is a passion for uterine exploration. To some extent medical practitioners are responsible for the general prevalence of this malady. It is easy for sensitive females to persuade themselves that their afflictions from toothache downward are due to falling of the womb, or ulcerations or tumors, and he is the sharpest doctor who first detects the difficulty. Here comes in the charlatan to exaggerate the disease, if there be any, and to beguile the patient with promises of cure. Henceforth the speculum becomes to the poor woman an essential part of the routine of life. Caustics and the knife look like work and she is charmed with the industrious and energetic attentions of the professional mechanic. By and by the bubble bursts, and for all the good that has been done by subjecting the uterus to a course of torture, its proprietor might as well have adopted the treatment accredited to that miracle of scientific skill, La-potai, namely the application of a blister to the crown of the head to raise the fallen womb to its place."

In the human subject the long axis of the body is in a perpendicular position, while that of other species is in the horizontal. This renders the pelvic contents in the human female peculiarly liable to be affected injuriously by gravitation. As long as the nerve supply to the uterus and its appendages remains normal and the proper tonicity of the parts is maintained, gravitation is effectually opposed. But once let the supports become weakened and vasomotor control lost, through lesion to the nerve supply in this region, unantag-

onized gravitation proves itself a powerful force for evil in dragging down the devitalized parts.

Dr. Brown Sequard recognizes the power of gravitation in his treatment of chronic myelitis, in always placing the patient on his side or flat on the abdomen, "so as to diminish by the effect of gravitation, the amount of blood in the spinal cord."

Now the idea of medical practitioners in overcoming this force in the misplaced uterus is to call in the aid of a false support and trusting to that, blindly ignore the primary condition, that of weakness and loss of tone, without which the organ would never have fallen from place. False supports enfeeble the muscles and produce an ever-increasing inertia of the parts. Their use should be strenuously opposed as deleterious and altogether on the wrong principle. They exaggerate difficulties which they are intended to remove.

The scientific investigations of osteopaths have led to the discovery of the fundamental causes of the local weakness in pelvic trouble. Primarily an anatomical derangement has invariably been found. Usually a lesion to one of the lower ribs or a small slip or twist in the spinal vertebræ between whose bony parts the nerves make their exit, often taking their origin from the spinal cord.

That these anatomical derangements are realities, and not mere figments of the imagination has been proven repeatedly for the last twenty-five or thirty years, and on account of this fact it is time that the medical fraternity investigate the claims of this new school and learn the facts pertaining to the case instead of oft repeating the scoff, that, "There is always a bone out of place" and remaining satisfied with methods acknowledged of so little value in gynecology.

In the process of curing female disorders, the attention paid to proper dress, and the toning up of the muscles of respiration is important, as well as correcting the anatomical derangement. The muscles so long weak and unused should receive careful treatment, and in bringing about a normal condition the patient can assist to some extent. Deep abdominal breathing should be practiced daily, as this not only strengthens the muscular walls of the abdomen but has an important effect on the circulation in the uterus.

The knee chest position should be assumed night and morning and held for at least fifteen or twenty minutes, in order to facilitate the draining out of the venous blood, of which there is always a stasis.

All over the land today osteopaths are effectually dealing by their sure and rational methods with diseases of women. They hear the oft repeated story of years of medical treatment and large sums of money spent in the search for health, which was never found, and as they hear the heart-felt praise of their loved science whose power has meant so much to these poor sufferers—they may feel like him of whom Edwin Markham wrote in his "High Dignity of Thorough Work":

"Who puts back into place a fallen bar,
Or flings a rock out of a traveled road,
His feet are moving toward the central star—
His name is whispered in the gods' abode."

OSTEOPATHY EXPLAINED.

Roy Bernard, D. O., Chicago, Ill.

MANY false impressions exist regarding osteopathy and what is claimed for it by the followers of this science. This is not at all to be wondered at and it is accounted for in several ways. Like other new sciences osteopathy has had to fight a determined battle for recognition. This battle has been fought and won and osteopathy is coming to the front as a healing science with a rapidity that astonishes its friends and enemies alike. The wonderful cures and the great amount of good which osteopaths are daily accomplishing in many parts of the country are bringing their abundant harvest.

I take it that by this time every man, woman and child knows that osteopathy is an accredited science. Assuming such to be the case this article is written with a view to correcting some wrong ideas regarding osteopathy and giving the layman an insight into the science in language unscientific and plain.

One of the commonest mis-impressions is that osteopathy means bonesetting. Nothing could be further from the truth and when the science is understood it can easily be seen that the name is not a misnamer but a peculiarly fit one. The word was coined by Dr. A. T. Still, founder of the science. In selecting the name Dr. Still gave recognition to one of the fundamental principles of the science—when the human mechanism is unhampered by friction in any of its parts there must be health. The theory of the science is that the bony framework of the human machine is the most important part—the part upon which harmony depends. Osteopathy uses the points of this bony structure as starting places from which to explore for disorder and friction in the framework of the machine.

When the disorder is found, the bones of this machine framework, are used as levers to assist in removing friction from the machine and restoring its parts to harmonious action. In fact very little osteopathic work could be accomplished without constant use of the bones, and it is this use of the bones and not treatment of bone troubles or bonesetting which gives the science its name and makes the name an appropriate one.

True it is, however, that by his especially intimate knowledge of human anatomy the osteopath is enabled to set fractures and replace dislocated bones, and discover the same where the physician of the old school would never suspect the existence of such trouble. Accordingly many wonderful cures have been accomplished by the mere setting of a bone. Here is a case in my own practice. Mr. N., of Iowa, was suffering from insanity. An examination disclosed the dislocation of the third cervical, "Bone in the Neck," which caused an undue pressure on the spinal cord, and also obstructed the blood vessels leading to the brain. Merely by setting this bone, the pressure on the cord was removed, harmony was restored and the insanity disappeared. Any

physician could have set that bone, but the important thing was not the bonesetting, but the osteopathic principle backed by osteopathic training and methods which led to the discovery of the cause. It was the discovery and not the removal of the cause which was difficult, and this aptly illustrates a fundamental and vital difference between the old school and the new healing science of osteopathy.

To the osteopath the spine is the most important part of the human machine, for although every part of the body has its own nutrition, nerve force and fundamental activity, the nerves, motor, sensory and sympathetic, originate in the brain and spinal cord. It is therefore through the spinal cord, or backbone, that the osteopath reaches the nerve centers which he strives to harmonize. By mechanically stimulating them the osteopathic physician is able to equalize the circulation to all parts of the body, to increase the action of an organ or decrease it as the particular case may require.

It can readily be seen that if the muscles of the spine become contracted by a strain or fall or any injury so that it obstructs one of these nerve centers, the organ of the body which that nerve center controls will fail to properly perform its functions and will be out of tune or harmony with its fellow organs. The osteopath is trained to detect the slightest obstruction of the character indicated and by proper manipulation to remove the obstruction and restore the nerve harmony.

"A Universe in Miniature; Man."

JOSEPH H. SULLIVAN, D. O., CHICAGO, ILL.

Who has not stood beneath the starry canopy at night, marvelling at the immensity of space, the unfathomable scheme presented? The overwhelming problem presents itself,—what force created this universe, and more perplexing still, how is it controlled and controlled so perfectly as to time? We may dispute the existence of God, we may differ on points of theology or dogma, a future state, etc., but in the panoramic universe we are confronted with a condition, not a theory.

We are told that we cannot properly comprehend what a million means, be it dollars or atoms and true it is, our boasted mentality speedily shows weakness when confronted with figures in the millions. One is appalled when undertaking the study of the universe to be told that our own solar system forms but an infinitely small part, indeed that our visible sun, moon and stars are much as a grain of sand in relation to the whole. One closes his eyes at the mere suggestion and ceases to think.

Astronomical distances almost overwhelm us when we read that some planets within the scope of the modern telescope emit light, which traveling at the rate of 186,000 miles a second and reaching us to-day, possibly started or was emitted about the time of the signing of the Declaration of Independence. Do I hear you say, stop? Agreed.

Now should one be interested enough to search for some thing like unto a model of this system, we can readily find it. Human beings are its counterparts. You yourself are a perfect model. You have within you all the nicety of detail shown in the scheme of the universe in general. One need not study long ere he stops, amazed at the resemblance the blood corpuscles within our veins bear to the earth, moon or stars, in their obedience to the laws governing them.

One cubic millimeter of human blood contains 5,000,000 corpuscles, red and white. Again we find ourselves in the millions. Each individual red corpuscle has identically the same individuality as has this earth on which we live and have our being. The earth, moon and other members of our par-

ticular solar system have a certain time in which to complete their revolution around the sun. The earth completes its revolution in one year. The red corpuscles complete a tour of the body through the heart, arteries, capillaries, veins and back again to the heart in a fraction of one minute.

While no data exists on the subject, nevertheless, may we not presume that each corpuscle, like a heavenly body, has its own particular pathway marked out which it must follow? Follow out this line of thought and we are soon contemplating a vast universe within ourselves, these millions and millions of tiny creatures, each beautifully fulfilling its particular duty, revolving around its own little sun, (the heart) in a given time. While no data exists as to corpuscles having a special pathway to follow, the writer recalls remarks once made by our honored first osteopath, Dr. A. T. Still, to-wit:

"I should forego much of what life holds dear for me, were I able to grasp just a small atom of understanding of the power or intelligence governing the little blood corpuscle in the peacock's tail, commissioned with the task of depositing the pigment which evolves the red, purple or other colors necessary in the forming of the peacock feather, than which nothing in Nature is more beautiful."

Diverging to a more practical view, takes us to a consideration of what may occur to disarrange the nicety of these systems, the general universe, or the universe in miniature, man. Fortunately, sun, moon and stars pursue their courses without mishap, as far as we are able to judge. Not so the miniature system. As we well know, this body of ours is prone to accident. We may be thrown down and suffer injury. The majority of us rise and go our way in good health. Some there are, however, who suffer, say an injury of the back and hip. The back is so disarranged as to the bones and attachments that the arteries passing close to the bones are compressed or it may be the nerves. What happens? The pathway whereby the little corpuscle is wont to wend its way, is obstructed. Millions of the little creatures are unable to circulate through their paths on time. The situation likens itself to a panic. This panic is better named disease. Going

still farther into detail, this disease is either so called, hip joint disease, water on the knee, varicose veins, sciatica, rheumatism, etc.

We have now reached a point in our research which is eminently practicable. We are dealing with facts and facts are stubborn things. The writer being an osteopath, pure and simple, a lesion osteopath if you please, asks the question, what is necessary for the correction of the trouble above mentioned? How are we to go about the task of opening up the pathway for the little blood corpuscle? Shall we study microbes, their habits, etc? Shall we look up something bearing on diet? Perhaps we may find in the books some preparation, mineral or vegetable, which will correct the back bone, hip joint, etc. Hardly. All this research of course would avail nothing. The case calls for osteopathy, bloodless surgery if you will. This is self-evident.

Thus we have reached the boundary line of osteopathy. The supposed case mentioned is only one of thousands of like conditions, the difference being that we believe all chronic diseases are the result of some derangement in the complex man. Varied displacements, either of bones or attachments thereto result in disease, according to the region affected.

In conclusion and briefly, we call disease, interference with the natural course of the blood corpuscle. Then to cure disease you must necessarily remove the obstruction. The mechanical way, to us, is the proper way. If we are correct, then other systems are at fault. The true osteopath must have too great faith in the Creator to believe that drugs can make straight the pathways of the small planetary system within man. As soon must he think such agency necessary for the rotation of planets on their axes.

Perfect freedom in the circulation of the blood corpuscle in man, constitutes perfect health, and if in perfect health, he has within him a perfect miniature universe. And as such osteopathy views him.

Legislative Matters in Oregon.

The bill to regulate our practice in the state of Oregon failed to pass. When the legislature began its session we had made

no preparation to introduce a bill. We felt very uncertain about the time being ripe, there being a state senatorial fight on, besides there were four M. D.'s and two drug-gists in the Senate of thirty members. We finally decided to see what we could do.

We introduced our bill first in the senate, it was read the first and second time by title only, and referred to the judiciary committee, the committee reported it back with the recommendation that it do pass. Here the trouble began. One of the M. D.'s moved that it be referred to the committee for further consideration. A member of the committee objected.

Whereupon, another M. D. read a communication which he claimed he had just received from some of the osteopaths of Portland who objected to the passage of this bill, on the ground that it was unjust as it was in the interest of one certain school of osteopathy, and would not permit the graduates of any other school of osteopathy to practice in the state. The names signed to this document were those of four fake osteopaths. However, the reading of this petition created enough sentiment against our bill at this time to carry the motion to refer. Then they tried their best to kill it in the committee, and succeeded in holding it up for one whole week, but as they saw the majority of the committee, including the chairman, were determined to report it back favorably again, they spent the week in getting everything "fixed." The appointed hour had arrived, only seventeen of the thirty members were present, the bill was again reported back, this time with a majority recommending that it do pass, and a minority recommending that it do not pass. Here the "actor," Charles W. Fulton, who was at this time the leading candidate for United States senator, and who was afterwards elected, moved that the bill be indefinitely postponed. Senator Wade objected. The ayes and nos were called, nine voting aye, eight no. And thus we were defeated without the bill being once read. Our friends in the Senate advised us to introduce it in the house at once. This we did, but it was too late. It was up for third reading in the house when the legislature adjourned. With the many friends we have

made, and the good work done this time, we feel confident that the legislature which will meet two years from now will pass our bill. In the meantime we do not anticipate any trouble from the M. D. s.

WALTER A. ROGERS, D. O.
Pres. O. A. O.

The Hoosier Osteopaths "Will Fight Another Day."

At a meeting of the Indiana osteopaths, called at the request of Dr. A. G. Hildreth, on December 20, 1902, at the Denison Hotel, in Indianapolis, it was decided by a large majority of those present, that something should be done to relieve the oppressive and humiliating position in which the present medical laws of the state of Indiana placed them. A committee composed of Drs. May, chairman; Goodpasture, McNicol and Crow was appointed, to which the president and secretary of the Indiana Osteopathic association were added as ex-officio members. The committee was instructed to formulate a bill, taking the Ohio bill as a model, which was to be presented to the coming session of the legislature. Dr. May, chairman of the committee, with the assistance of Senator Johnston, of Crawfordsville, prepared the bill, and copies were sent to the different members of the committee for approval and suggestions as to changes.

The chairman then called a meeting of the members of the committee, which was to be held January 27, 1903, in Indianapolis, for the purpose of determining on a definite line of action.

This meeting was a disappointment. No one appeared in the interest of the oppressed Hoosier osteopaths other than Dr. May, chairman of the committee, and the secretary and treasurer of the I. O. A., who was only ex-officio member. This was a "cold wave" on the fire and enthusiasm begotten by Dr. Hildreth's presence and eloquence. In the meantime the legislature was in session and time was passing. Every day of delay was playing into the hands of the opposition. Finally Dr. May told Senator Johnston to introduce the bill, which was done on the 5th of February,—and a month of the session gone. The committee on Public Health and Vital Statistics, to which it

was referred, was composed of six senators, three or four of whom were doctors of the old school. They kept the bill in "durance vile" until February 24th at 5:00 p. m. After the Senate adjourned it had a hearing. Drs. May, Jones and Tull were present with Senator Johnston as advocates for the bill. The senator doctors—Gard, Darby and Thralls, were obstinate in opposition. They opposed it for the reason, that the bill asked for a separate board; and, that proposition could not be entertained because it would be a bad precedent. Other schools of medicine would be asking for separate boards, and in a view of the fact that not for twenty-five years had there been so much harmony (?) existing between the different schools of medicine as now existed with one board.

Harmony! Sweet, beautiful harmony!

That was a "solar plexus" blow. The osteopaths smiled. I felt like inviting the entire committee down on West Market street and taking a large copious "smile." Dr. Gard became magnanimous, however, and told us that if our bill asked only for a representative on the Board of Registration and Examination, they "might entertain" such a proposition. The osteopaths hinted that the medical examination on nearly all subjects was *incompetent* for an osteopathic examination, that it did not bring out the knowledge that an osteopath should be in possession of. This dazed the doctors a little, but they came back with the answer that an anatomical examination would be correct—it made no difference by whom it was given, that any one who understood anatomy could practice osteopathy. It was getting late and such crushing medical wisdom and erudition was too much for us.

A majority report was made against the bill. Senator Wolcott, one of the committee not an M. D., courteously came to our rescue and gave a minority report.

The following day the minority report was concurred in by a vote of nineteen against and twenty three for it. On the 27th of February the bill was advanced to a second reading, with but little opposition. On the following Tuesday, March 3, with but a little over a week of the session left, Senator Johnston brought up the bill for a final vote, as there seemed to be a fair chance for its

passage, with the result that the bill failed to pass for want of a constitutional majority—the vote being twenty-one against and twenty-two for. Four of the senators were unavoidably absent, who would have voted for the bill, which would have made the necessary constitutional majority. It could have been called up again at any time, but it was too late to get it through the house before the close of the session.

The only reasons for failure in getting this bill passed, was delay in introducing it and not being prepared to meet the specious and sophistic objections to it urged by the M. D.'s viz: No necessity for two boards. "The high standard of medical schools required by the present board, which would be stultified by the admission of another board whose standard of school attendance was less than four years."

All these arguments are largely sophistry, but the M. D.'s are adepts in sophistic reasoning—they have had years of training—it was necessary to sustain their theory of drug therapy.

As Mr. Dooley would say "And there ye are, Hennessey. What do you think of it?"
GEO. TULL, D. O.
Sec'y. and Treas., Indiana Osteopathic association.

TREATED BY LORENZ PLAN; DIES.

First Death Known to Medical Science from Bloodless Operation for Congenital Dislocation of the Hip.

Philadelphia, Pa., March 20.—For the first time, as far as surgical history goes, a patient has died from an operation for congenital dislocation of the hips after the bloodless methods introduced by Professor Lorenz. The patient, an eight year old girl, was operated upon last Wednesday. Although the surgeons did not succeed in reducing the dislocation no fatal result was anticipated from the operation, but the child was later seized with convulsions and died in a short time.—Chicago Tribune, March 21, 1903.

Montana State Board Elects Officers.

The Montana State Osteopathic Board held its last regular meeting at Helena, March 3 and 4. The Board reorganized by electing the following officers for the ensuing year: Pres. Dr. A. M. Willard, Dillon; secretary, Dr. C. W. Mahaffey, Helena; treasurer, Dr. O. B. Prickett, Billings.

The Journal of Osteopathy.

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OF THE

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Editorials.

GET together, osteopaths. Organize.

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IN every city where there are as many as a half dozen osteopaths there should be an association.

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EVERY city in the United States of over 50,000 inhabitants and many smaller ones should have an osteopathic association.

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DR. C. W. YOUNG, the osteopath who was arrested in St. Paul at the instance of the municipal health board, and who was charged by the board with manslaughter on account of the death of a patient suffering with diphtheria, was fined \$25 by Judge Hine of the municipal court for violating the quarantine laws of the city. Although the board attempted to hold him for manslaughter, the charges finally simmered down to a quarantine violation charge. The

case will be appealed to the supreme court. Judge Hine, in his opinion, gave a good deal of advice to the osteopaths free of charge. In his attempt to give a wise opinion he shows ignorance and prejudice, the decision being a weak, illogical effort and sounds more like having come from some school boy than from a man who is supposed to possess a judicial mind.

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IN every state where the law regulating the practice of osteopathy provides for the appointment by the governor of a state board of osteopaths, the recommendations to the governor for appointment to membership on the board should be made by the State Osteopathic association. In some states the law so provides and in all such states will be found a good, working association. What will the association do now in Missouri? Get together and tell the governor who you want on the new board.

.

EVERY osteopathic interest should be banded together for the purpose of elevating the profession and helping the good cause along. We see too often osteopaths who are located in the same city fighting one another instead of pulling together. This condition, as a rule, arises from selfish motives and the result is we find osteopaths and even osteopathic schools doing much harm to the profession by this system of "knocking" against their opponents in the attempt to build up private interests. Let us say to schools, publications and individual practitioners, that if there is a chance to boom business, boom it, but do not be a "knocker." Don't put on a long face and get sour in your stomach. Get a smile on you. Hold up your head. Get hold with both hands, then pull for the interests of true osteopathy. Bury your hatchet, drop your tomahawk, hide your little hammer. Don't roast. No man ever helped himself by attempting to throw down other people. No man ever made money or got popular by trying to make people believe that he was the only good man on earth. You can't climb the ladder of fame by stepping on other people's corns.

If you don't like their style, let them alone. Don't knock. Make yourself look pleasant. You'll get used to it. There is no end of profit in minding your own business, and it makes other people like you better. Better have others stuck on you than get stuck on yourself. Nobody likes a knocker. Don't be one. The progressive, up-to-date schools, publications and practitioners will plant moss over the dyspeptic knockers' graves while the knocker is getting out his hammer. Join your association, be a good fellow, know your business and success is bound to follow.

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As a rule professional life brings a smaller financial return for the amount of brains employed than business life. Still he who says that osteopaths as a class do well financially errs. It is wrong to put forth the financial side of the question in flattering terms for the purpose of attracting students into schools of osteopathy, for the reason that students who attend osteopathic school with the almighty dollar ever before their vision usually do not become masters of the profession. Such students make failures and are not wanted in the profession. Unless a student is an enthusiastic believer in the science he has no place among those who have a higher purpose in view. Yet, to the qualified practitioner a good financial return is certain to come to him because he can get results. Emerson says, "America is another word for opportunity." And to every practitioner if he is qualified there is today the greatest chance in the world for him to make opportunity if it does not readily present itself. We have yet to meet a competent osteopath of at least a year's experience who has not improved his financial income since he has entered the practice of osteopathy. The universal verdict is, "I am doing better than I did in my former vocation." It is admitted that osteopaths on leaving school do a better business than the recently graduated M. D. There is a demand for osteopathy and the field is practically unlimited as yet. Still the degree of success, financial and

otherwise, attained in this profession depends as in other professions upon ability to accomplish things.

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Announcement.

ABOUT April 15th, Dr. A. G. Hildreth, of the A. S. O. faculty, will take charge of the sanitarium to be opened in St. Louis as a branch of the A. T. Still Infirmary of Kirksville. The sanitarium will be equipped as completely as the best regulated hospitals in the country. Both surgical and osteopathic cases, demanding sanitarium treatment will be received. Practitioners in the field are requested to refer such cases to Dr. Hildreth who will be physician-in-charge. All communications should be addressed to him at north-west corner Garrison avenue and Morgan street, St. Louis.

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Special Editions.

The special editions of the Journal of Osteopathy are published about the 5th of each month and should reach our subscribers not later than the 10th. The May number will be an especially good one for distribution in the field. Send us your order. Following are the rates on the "special":

100 for one month, \$2.75.

100 regularly for 6 months, or longer, \$2.50 per hundred per month.

Orders for larger quantities at same rate per hundred as above indicated. This includes *express prepaid*, wrappers for mailing purposes and card on inside cover page. (Card limited to 25 words.) No orders accepted for less than 100. Orders for the special must be received by us by the 1st of each month. All single orders must be accompanied by remittance. Send for sample copy.

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School Work in St. Louis.

July 6th the American School of Osteopathy will open a summer school in St. Louis to be conducted for a period of six weeks. A special course will be given to graduates of reputable osteopathic colleges and to under-graduates who are sufficiently advanced in osteopathic work. The course will consist of daily clinical

demonstrations, anatomical demonstrations and dissection, gynecology and obstetrics. All matriculants will be given the advantage of practical work in all the subjects. Clinical material will be provided in abundance. The fees for these courses will be as follows: Dissection \$15, gynecology and obstetrics \$25. All matriculants will be entitled to attend the clinic demonstrations without extra fee. Drs. A. G. Hildreth, M. E. Clark and others of the A. S. O. faculty, assisted by several St. Louis osteopaths, will conduct these courses. In addition to the above, a summer course of six weeks will be conducted in Kirksville. The following courses will be given: Dissection, chemistry, and clinical practice and demonstrations. The fees for these courses will be as follows: Dissection \$12.50, chemistry \$10. No extra fee for clinical demonstrations. All communications in regard to the St. Louis course should be addressed to Dr. A. G. Hildreth, corner Garrison avenue and Morgan street, St. Louis.

Osteopathic Legislation.

Some weeks ago it was generally predicted that little would be accomplished in the line of legislation regulation of the practice of osteopathy during the present period of law-making sessions of the various state legislatures. Although the osteopaths have met with more strenuous opposition in securing legislation than ever before, still the sum total of legislation secured this year is considerable and is in keeping with osteopathic progress in general. In only one instance have the osteopaths been defeated and only then by a narrow margin. Alabama has the distinction of being the state that refused to regulate the practice of osteopathy unless the osteopaths of that state agreed to be measured by the medical yard stick or in other words take the medical examination from a medical board.

To date, the following legislation on osteopathy has been secured or is still pending in the various states:

Utah passed a bill recognizing osteopathy and requiring osteopaths to register. This law is similar to the old Missouri law. Only

graduates of reputable schools are eligible to register.

In New Mexico, a bill has been passed by both houses and has been signed by the governor. Its provisions are also similar to the old Missouri law. Credit for the passage of this bill is due Dr. C. H. Conner of Albuquerque, the only osteopath in the territory, also Martin Lohman and Col. Max Frost, two good friends of the cause.

In Oklahoma, the osteopaths secured a law which provides for an independent osteopathic board of three members. It is a good law and the governor has signed it.

In Minnesota, a bill to regulate the practice of osteopathy has passed the lower house.

Missouri gets a new law which gives the osteopaths more recognition and places them upon an equality with all other schools of practice. It provides for a board of five members to be appointed by the governor.

Kansas amended her osteopathic law so as to provide for the issue of temporary certificates until the time of regular meeting of the state board.

In Virginia, the medics passed a bill which exempts the osteopaths already located there from its provisions. It requires all new comers to pass the full medical examination. The osteopaths, however, have an independent bill still pending.

In Pennsylvania and New Jersey legislation is pending on the subject of osteopathy but to date no bills have been passed affecting it in any way. Dr. C. W. Proctor of Buffalo has appeared before both legislatures in the interests of osteopathy.

In Washington, the osteopaths failed to pass their bill but they prevented unfavorable legislation which was attempted by the medics. In this state an osteopath, Dr. Bartlett, was recently arrested as usual by the state board for practicing medicine. The court decided in his favor, stating that "osteopathy is not the practice of medicine" within the meaning of law. The state has appealed the case to the supreme court.

In Mississippi, the supreme court recently ruled in favor of osteopathy. It was in the case of Dr. Hayden of Corinth. He was convicted in the lower court but won on an appeal. Following is the substance of the court's decision taken from a Jackson paper:

"An important decision rendered by the supreme court was in the case of Dr. Hayden vs. state, from the circuit court of Alcorn county. The appellant was convicted of practicing medicine without a license. He is an osteopath, and the evidence showed that he had treated and cured two persons of rheumatism, by a manipulation of the bones, muscles and ligaments. The prosecution claimed that the practice of osteopathy is in violation of chapter 68 of the laws of 1896 regulating the practice of medicine, but the supreme court holds otherwise, and thus the osteopaths have gained a decided victory, for they may continue to practice their profession in Mississippi without medical license. Associate Justice Terral read the opinion of the court, and predicted that at some future time the legislature will pass needed laws to regulate the practice of osteopathy as medical practice is now regulated."

In Michigan, the State Medical society attempted to pass the Nottingham Medical Bill, which if it should become a law would nullify the present law regulating osteopathy in that state and require osteopaths to pass the medical examination. The bill was opposed by the homeopaths and by the students in the various medical colleges of the state as it required of them an additional year in school and an examination before they could practice in Michigan. The osteopaths also opposed this bill. They wanted representation on the state board, which proposition the allopath would not entertain. According to press reports the interests of osteopathy were ably looked after at the state capital by Senator Ward of Ann Arbor, Drs. Williams of Lansing, Ashmore of Detroit and Jones of Adrain.

The sum total of the fight was that the board decided to leave the osteopaths with their present law enacted in 1899, and not give them representation on the state board.

In North Carolina an act was passed to regulate the practice of osteopathy. It provides for an examination before the medical board on all subjects taught in a regular osteopathic college except the principles and practice of osteopathy. The law is similar to the present one in Illinois.

Legislation on osteopathy is still pending

in Illinois and Arkansas.

The results of all present incompleting legislation will be reported in our May issue.

Later: The lower house in Arkansas passed the osteopathic bill by a large majority.

Dr. Harry Still and Dr. Hazzard Go To New York.

Dr. Harry M. Still and Dr. Charles Hazzard have formed a partnership and will open offices for the practice of osteopathy in New York City about Sept. 1st. Both Dr. Still and Dr. Hazzard have been associated with the work of osteopathy for a number of years, having been connected with the faculty of the American School of Osteopathy and with the staff of the A. T. Still Infirmary, and both having been in active practice in the field. These gentlemen are well and favorably known to the whole osteopathic world.

Dr. Still is the son of Dr. Andrew T. Still, the founder of osteopathy, and has been for more than fifteen years actively engaged in the work. In his boyhood he saw many cases with his father, and has seen the science of osteopathy grow from its infancy. Having worked with his father and brother Charles for several years, he was given his diploma with the first class that graduated from the American School. He built up a large practice in the city of Chicago, which he disposed of in order to devote his attention to the affairs of the school and infirmary at Kirksville. Later he was associated in a successful practice with Dr. A. G. Hildreth, in St. Louis. Dr. Harry is an able osteopath and has hosts of friends and admirers throughout the country.

Dr. Hazzard is a graduate of the A. S. O., of the class of 1897. He is an alumnus of the Northwestern University, a member of the Delta Upsilon fraternity, and of the Phi Beta Kappa society. As a student he served an apprenticeship of more than a year under Dr. Harry in his Chicago practice. He later was in practice in Detroit, Mich. He has been a member of the faculty of the American School for five years. The March "Bulletin" of the Atlas and Axis clubs says of him:

"Outside of Dr. A. T. Still and his two sons, Dr. C. E. and Dr. Harry Still, Dr.

Hazzard is probably the most widely known osteopath in the country. His long term of service and the quality of that service with the American school, coupled with his publication of two text books, "Principles of Osteopathy" and "Practice of Osteopathy," considered authorities on the subjects by all osteopaths, gives him this distinction. The friends of the school to a man, will regret his departure from Kirksville, but none the less warmly will they wish him the success that will be his in the New York field. His high moral character, his long experience, his success as a teacher and practitioner, (and his jokes, in spite of Dr. Hulett's reflections on their age,) bespeak for him in the East, the prominence and the prestige he has won in the West as a man, as a scholar and as a physician."

The new firm should certainly be a successful combination, and will no doubt enjoy the greatest success in its new field.

Eastern Iowa Osteopathic Association.

In response to call, eighteen osteopaths met March 5th in the office of Drs. Sharon & McFaden, Davenport, and formed the Eastern Iowa Osteopathic association with Dr. Beaven of Cedar Rapids for president and Dr. McFaden, Davenport, secretary for the coming year.

The association will meet semi-annually in March and November. Next meeting will be held in Cedar Rapids.

The day was spent in general discussion of points of mutual interest and clinics. Banquet in the evening at the Kimball.

Those present were: Drs. E. H. Beaven, Cedar, Rapids; S. S. Still of the S. C. O., Des Moines; G. G. Chappell, Sidney, Ia.; Elta Chambers, Geneseo, Ill. Also Drs. Harding, Geneseo, Ill.; Wilson, Lyons Ia.; Myron Bigsby, Monmouth, Ill.; Bergland, Galva, Ill.; Bergland, Rock Island, Ill.; Pool, Fairfield, Ia.; Barr, Muscatine, Ia.; Shaw, Maquoketa, Ia.; A. Still Craig, Iowa City, Ia.; Furnish, Tipton, Ia.; Johnson, Clinton, Ia.; Kingsbury, Davenport, Ia.; McFaden, Davenport, Ia.; Sharon, Davenport, Ia.

Annual Junior Reception.

The annual reception of the Junior class of the American School of Osteopathy in

honor of the Freshman class was held in Memorial and North halls the evening of March 20. The large crowd which is always associated with these famous functions of the student body was not lacking on this occasion and the Junior class, in the manner in which the affair was conducted and the fine entertainment afforded, certainly covered itself with laurels.

Music by the A. S. O. orchestra opened the programme and was followed by a vocal duet by Miss Rombauer and Mr. Pontius. The address of welcome to the new class was delivered by President Charles H. Murray of the juniors, the response being given by President Hugh W. Conklin of the Freshmen. Both addresses were gems, and a new record for brevity, a fine precedent to establish, was made by both speakers. A vocal solo by Mr. Pontius and a solo number by Miss Rombauer preceded the presentation of W. D. Howell's little farce, "A Likely Story," which showed the class to be possessed on much good histrionic ability. The parts were all taken by juniors, the cast being as follows: Mr. Campbell, Harry McMains; Mrs. Campbell, Miss Ramsey; Miss Rice, Miss Platt; Mr. Welling, Harry Graham; Miss Greenway, Mrs. Smith; Jane, the maid, Miss Floyd. Mrs. Campbell's reading of the responses to her lawn party invitations was the occasion for driving a few witticisms at faculty members. The farce was cleverly given throughout. Several hours were then spent by the students and their friends in getting acquainted with the new comers and in disposing of refreshments served from booths in the halls and presided over by fair members of the entertaining class. All the rooms and booths were appropriately and gorgeously decorated in the colors of the two classes.

Osteopathy Without Variations.

In the early days of osteopathy, some of those who were weak in the faith, but honest at heart, were fearful of the future of the science unless it was propped and strengthened by adjuncts and side issues, such as hydro-therapy, electricity, etc. But their fears were groundless, as osteopathy kept right on growing without them and has now reached the stage in its develop-

ment where it keeps on growing in spite of them.

It is sometimes said that we, as osteopaths, are narrow and not progressive; that we do not keep pace with the practice of medicine in developing new theories, etc. What is the reason for the so called progress in the practice of medicine? Is it not simply the abandoning of theories found to be unsuccessful and unscientific and the substituting of others in their place, to undergo the same process of exclusion in their regular turn? Osteopathy by comparison may seem to stand still, but the reason is, that it has for its foundation stone a solid truth based upon the anatomy and physiology of the body; two things upon which no human power can improve.

About thirty years ago Dr. Still gave up the practice of medicine and declared to the world that he had found a better way to health, and while the theory he launched at that time has grown and broadened in all directions, it is still composed of the same facts and principles, made stronger than ever by the results obtained in the last few years from their honest and scientific application.

Osteopathy has not been brought to its present standing as a scientific curative measure, by the use of x-rays, violet rays or hot air machines, nor by that class of osteopaths, who, after spending two years in a college of osteopathy, think they must have something else to give them a metropolitan finish. They are satisfied to trust osteopathy in getting results and to make them a living, but something additional might look well on their cards and help them into society.

The good name of osteopathy will depend in the future as it has in the past, upon those osteopaths, who, like the "Old Doctor" will have no apologies to offer for practicing osteopathy without variations.

M. E. DONOHUE, D. O.
Los Angeles, Cal.

Announcement.

The Eighth Post Graduate Course of Instruction in Orificial Surgery by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College,

corner Wood & York streets, Chicago, Ill., during the week beginning with May 4, 1903, having a four hours' daily session. Doctors invited to bring obstinate cases of every variety of chronic disease. For particulars address
E. H. PRATT, M. D.,
100 State Street, Suite 1203, Chicago, Ill.

Dr. Still Again Honored.

KENOSHA, WIS., Feb. 28, 1903.

DR. ANDREW TAYLOR STILL,
Kirksville, Mo.,

MY DEAR SIR AND BROTHER:—At the fifth annual meeting of the Wisconsin Osteopathic association held in Madison, the 24th and 25th of February, you were duly elected to honorary membership. May the spirit of fellowship pervade between the founder and his advocates, and their aim be characterized by sincere investigation toward the development of the greatest science in modern medicine.

Fraternally,

E. J. ELTON, D. O., Sec'y.

By order of association.

For Sale.

My osteopathic practice. Wishing to retire from all active business I offer my office fixtures and practice for sale. This is the oldest and best advertised office in the state. Located in this building in 1897. Address, H. J. JONES, Indianapolis, Ind., 40 When Bldg.

PERSONAL MENTION.

Dr. H. S. Wiles has located at Ponca City, Okla.

Born to Dr. and Mrs. M. E. Garrett of Detroit, Mich., March 8, a daughter.

Dr. G. B. Mosley has changed his location from Jonestown to Clarksdale, Miss.

Dr. Irvine Craig has changed his location, from Danville, Va., to Versailles, Ky.

Born to Dr. and Mrs. Caryl T. Smith, of Portland, Ore., February 27, a daughter.

Dr. H. E. Deputy of the Jan. '03 class of the A. S. O. has located at Riverside, Cal.

Dr. George E. Beere has changed his location from Blue Earth to Albert Lea, Minn.

Dr. Guy C. Hudson has changed his location from Weeping Water to Syracuse, Neb.

Drs. F. F. Wilcox and Nellie S. Wilcox have changed their location from Corry, Pa., to Plainfield, N. J.

Dr. J. Henry Hoefner and wife of Franklin, Pa., announce the arrival of a daughter, born to them on March 20.

Dr. C. L. Fagan, for some time past practicing at Great Falls, Mont., has recently located at West Plains, Mo.

Dr. H. D. Morris, who for some time has been in the practice at Berlin, Wis., has moved to Grand Rapids, Wis.

Dr. Virgil A. Hook announces that he has opened offices for the practice of osteopathy in the Lowenstein block, Wilkes Barre, Pa.

Dr. Annie Prince Thompson of the last class of the A. S. O., has recently located at 145 Westminster street, Providence, R. I.

Dr. C. O. Goodpasture, formerly of Evansville, Indiana, has opened offices at 1640 Nineteenth street, northwest, Washington, D. C.

Drs. Sophronia T. Rosebrook and Florence A. Covey, recently of Woodville, N. H., have located in Portland, Me., with offices at 766 Congress street.

Dr. Helen M. Baldwin of Pittsburg, Pa., has changed the location of her offices from 6011 Pennsylvania avenue to Suite 403-405, Liberty National Bank building.

Drs. W. A. and E. H. Merkley announce that they have changed the location of their offices in New York from 243 Broadway to 35 West Twenty-First street.

Dr. J. R. Zimmerman, formerly of Newark, O., is now located in Farmington, Mo. He was compelled to retire from the practice in the East on account of ill health.

Dr. Helen F. Walker of Great Falls, Mont., has sold her practice at that place to Dr. Ina F. Browne of Lewistown, Mont. Dr. Walker will locate in High River, Alberta, Canada.

Drs. W. A. Crawford and A. B. Clark of the Buffalo Institute of Osteopathy, have announced the dissolution of their partnership. Both will continue in the practice at Buffalo.

Dr. W. B. VandeSand, who has recently been in Kansas City taking special studies

in diseases of the eye, has returned to Crete, Neb., where he will continue in the practice of osteopathy.

In our advertising columns will be found the card of Lewis L. Matthews & Co., book dealers of St. Louis. Students and practitioners will do well to get their prices before making purchases.

Joseph H. Sullivan, D. O., for seven years in the Masonic Temple, announces his removal about May 1, 1903, to rooms 1010-1014 Champlain building, corner State and Madison Streets, Chicago.

Dr. Frances McFall Watson and Genevieve Virginia Evans of the senior class of the A. S. O., announce that they have opened offices for the practice of osteopathy in the Maryland block in St. Louis.

Married, Dr. Joe Mark Kilgore and Miss Gertrude Mary George at York, Neb., Wednesday, March 18. Dr. Kilgore is among the most successful of the Nebraska osteopaths and has built up a fine practice in York.

Dr. Edgar Q. Thawley has formed a partnership with Dr. Myrtle M. Leonard for the practice of osteopathy in Peoria, Ill. They have offices in the Woolner building, where they succeed Drs. Ellis and Ellis, the latter having gone to Kewanee, Ill., to engage in the practice.

The JOURNAL OF OSTEOPATHY extends sympathy to Dr. A. M. King of Hot Springs, Ark., who on March 12, suffered a severe blow in the loss by death of his wife and twin infant babies. His friends in the profession deeply sympathize with him in his great bereavement.

By request Dr. Chas. C. Teall recently gave a talk before the physical directors of the Y. M. C. A. and its branches in greater New York on the examination of the spine for curvature and the necessity of exercise being carefully considered to overcome the tendency rather than increase the deformity.

The following alumni visited the A. S. O. during the past month: Drs. P. M. Agee, Independence, Mo.; J. O. Woodmansee, Leon, Ia.; John A. Bell, Anna, Ill.; Sallie Conner, Bellefontaine, Ohio; W. B. Miller, Centerville, Ia.; E. D. Garard, St. Joe, Mo.; W. N.

White, Fayette, Mo.; Chas. A. Wolfe, Chillicothe, Mo.; E. P. Wood, Bristol Tenn.; Sarah Snavelly, Albia; Ia.: J. C. McGinnis, Morris, Ill. and J. M. Smith, Carrollton, Mo.

Dr. Fred Julius Fassett, formerly of the A. S. O. faculty, now practicing in Boston, passed the recent examination before the Massachusetts Board of Registration in Medicine. In Massachusetts the medical law exempts osteopaths but at the same time it allows anyone, graduate or non-graduate, to take the examinations. It refuses registration, however, to about thirty per cent. of the applicants at each examination. While the board is very strict and the examinations include the subject of *materia medica*, Dr. Fassett writes that in his opinion the better students among A. S. O. graduates should be able to pass without difficulty. A number of other osteopaths in Massachusetts have passed the board's examinations.

Dr. A. G. Hildreth has recently returned from Jefferson City, where he has ably represented Adair county in the state legislature. No man in the history of Adair county has ever secured so much favorable legislation for the community he represented. Dr. Hildreth succeeded in securing the passage, without opposition, of a bill to create a board of osteopathic examiners, also a bill to regulate the disposition of human bodies that are to be used for the purpose of dissection in schools teaching anatomy, such bodies to be distributed pro rata to the several schools according to the number of students enrolled and to whom the subject of anatomy is being taught. He also secured for the Kirksville State Normal school an appropriation double the amount that has ever before been secured for the institution. In fact, Dr. Hildreth ranked as one of the leading members of the legislative body. He was appointed by the speaker as a member of the two most prominent committees of the house, namely, the committee on calendar and the committee to investigate the charges of bribery in connection with legislation. At present Dr. Hildreth is in Arkansas to help the osteopaths in their legislative work in that state. Later he will go to Illinois for the same purpose. About April 15 he will take charge of the hospital and sanitarium to be opened by the A. T. Still Infirmary in St. Louis.

Letter From President Teall.

In announcing the date for our next meeting, July 14, 15, and 16, we are struck with the flight of time, and how soon we are to meet for another interchange of ideas and stimulation for further and better work for pure osteopathy. If the entire osteopathic profession could only realize the importance of this meeting, and the broad impersonal motives which actuate the officers of the A. O. A. in this work, there is little doubt many would join. This association knows but one thing—osteopathy. It is democratic in its methods and is not controlled by any ring, school or faction. When one becomes a member his antecedents are forgotten and he stands for himself and is judged by his own merits.

Of the necessity of organization for concerted action there can be no doubt. We are scarcely 3,000 in a fight against 150,000, who maintain in the American Medical Association one of the cleverest political machines in existence. Yet of our number but ten per cent. will aid in this fight which threatens our very life. It has reached a point where no one can look on with complacency, for the "Italian hand" of the A. M. A. can be seen in all pending legislation. There they are, organized, influential, experienced and with money for all needs. They are not content with the laws and privileges gained through years of struggle to sit still, but with tireless energy keep up the work for still stricter laws which will shut out competition.

Our association has done a grand work and is prepared to do a still greater, but it must have members and money. As it is now, the \$5.00 initiation fee is returned in the form of the A. O. A. Journal, etc., so if one is actuated by the most selfish motives he cannot afford not to come in. If the A. O. A. had the means it would cheerfully jump into every state and fight with men and money; but alas! it is now impossible, and we can only give our advice and a God-speed.

At Cleveland we want 1,000 osteopaths to attend, and we want every one to be members. Now, all ye who have "forgotten" or "neglected" your duty to this association, *do it now.*

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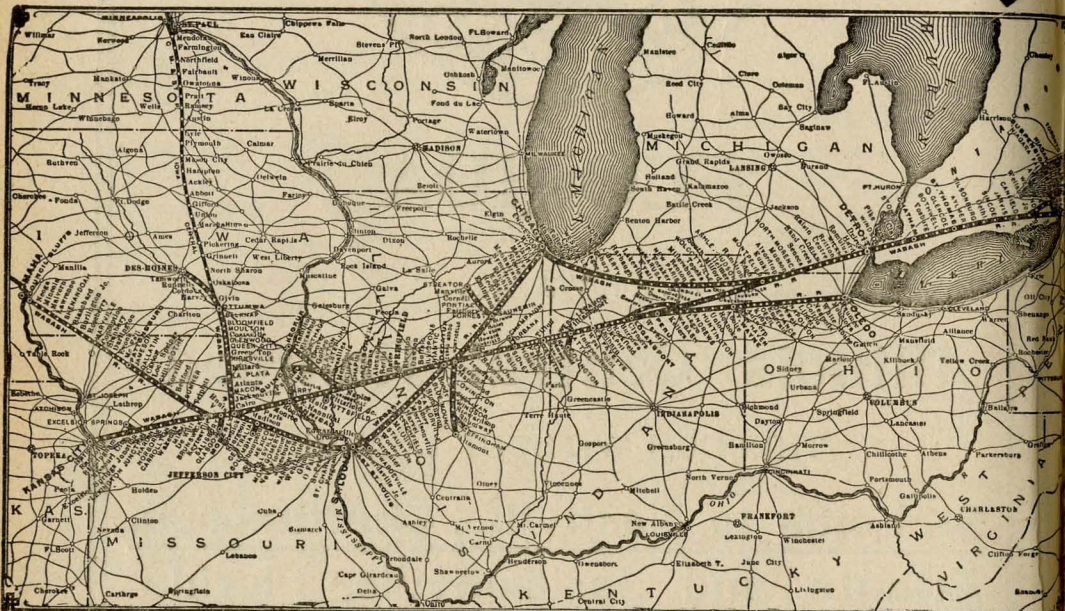
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