

# **The Journal of Osteopathy**

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# THE JOURNAL OF OSTEOPATHY

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## CAUSE, EFFECT AND CURE OF OSTEOPATHIC EVILS.

Dr. George. J. Helmer, New York.

IN these days when osteopaths are numbered by the thousands instead of by the tens which was the case less than a dozen years ago, the pioneers when they stop to think are profoundly impressed with the rapid growth and wonderful progress of the science. It would seem to those unacquainted with the facts that the child "Osteopathy" has become full grown in less than ten years. To those who are familiar with the facts, however, Nature remains true, for osteopathy is yet a very young child, so much so that the same zealous care exercised by the father and founder of the science in the early nineties is still very necessary, and even more so since osteopathy has outgrown the cradle but is not yet old enough to take care of itself, and is apt to fall into mischief as any other child of Nature. The oldest practitioners who have "borne the burden and heat of the day" in preparing the harvest that recent graduates are entering into, could not understand the founder's anxiety for osteopathy's future eight or nine years ago. To-day it is different, ears and eyes have matured, we see the danger signals and hear the warnings.

One of the causes, perhaps the greatest cause, for osteopathic evils is incompetency. Incompetency is the fountain head from which flows streams of discouragement and disappointment which if not checked must sooner or later make up the ocean of osteopathic failures. Now just what do we mean by incompetency in our science? It means lack of executive ability, non-knowledge of the subject, inability to put osteopathic knowledge into practical use, weakness which succumbs to petty jealousies, conceit which may come with a measure of success, and, propping up the already slender situation with adjuncts.

To the wide-a-wake osteopaths, osteopathy is always full of interest. Since no two cases are alike, we are continually called upon to give new reasons for the osteopathic hope within us, but if incompetency is enthroned within us, our answers will not satisfy the competent investigator and our judgment will be of little value. Incompetency has always been in the majority in every walk of life, osteopaths are not excluded from the list. The

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boundaries of incompetence like the boundaries of ignorance are without limit, and, while it is not in the power of man to exterminate either, it is in his power to regulate each. We recognize the fact that a large percentage of the human families' employment is in criticising the incompetency of their neighbors. We do not like to admit that we are incompetent and sometimes dare deny it, but denials do not alter facts. Let us look the situation fairly in the face for that is the only way to stem the tide of difficulty and I assume that each man and woman before me has at least an honest desire toward a more intelligent conception of our science than we have heretofore attained. That this evil holds an undeniable position in the osteopathic world is unquestionable, what position it holds in relation to our lives and practice is a question each individual must answer for himself. If incompetency holds the place of master, then shall our position be pregnant with disappointment, deficiency, and, petty jealousies may arise against those more successful than ourselves in our disappointment blaming them for our own failures. Again lack of confidence will make us easy prey to those wishing to enrich themselves by placing adjunct apparatus in our offices. These have a place, but not in the osteopathic office where they simply advertise incompetency and can be only used to the detriment of the science. We must remember that *osteopathy is the principles of anatomy and physiology scientifically applied with hands made intelligent by a highly developed sense of touch and a thorough knowledge of the normal anatomy, through which intelligence the abnormal is discovered and reduced to a normal condition.* Therefore, osteopathy can never mean baking, electrical apparatus, vibrators or any other mechanical appliances. We are servants to whatever power we yield ourselves to obey. We cannot expect to develop our sense of touch and increase our efficiency as osteopaths, while our minds are traveling along the line of adjuncts. They will become a crutch to us. The world is tired of crutches and that is why osteopathy was born. Why should we desire to weaken the science of osteopathy of whose greatness only a faint outline may now be revealed to us?

In the osteopathic field, like any other field of labor, some are always found doing their best, others do their best at intervals and still others do their best only under compulsion and shirk when the compelling rod is laid aside. Osteopathy means hard work to the successful osteopath. Develop to perfection the osteopathy you have and you will gain more, neglect what you have and you will lose all you at first had. Osteopathic senses, like any other senses, will atrophy if not kept alive and systematically exercised by reading, discussion and practical application. The blessedness of knowing just what you are doing when examining and treating a patient is understood by few. That special gift, called by many intuition, is born to the men and women who possess it. Of course, all have more or less intuitive power which with native ability may be developed to a high degree, but the *real thing* is not acquired. That being true, responsibility is unequal and two great dangers confront us. If the man who possesses the gift is not as great as the gift itself,

conceit will destroy his usefulness; if on the other hand, the man who does not possess it spends his time fretting about it, they both become brakes on the wheel of progress and both were better osteopaths last year than they will be this. So long as this condition exists, there is no use of the man with one talent being jealous of the man with ten talents, considering him his enemy when he should be his most coveted friend. On the other hand, he of the ten talents ought to feel a personal obligation to help the less gifted brother, and, if he is as large as his talent, he will not lose this opportunity to advance osteopathy. As osteopaths, we are not doing enough unless we are doing our best for the growth of the science in our lives, as well as in the lives of others. Honest confession is good for the soul, so is honest, intelligent discussion good for the osteopaths and tends toward the broadening and advancing of osteopathy. We are organized for the purpose of helping one another and for our own enlightenment. Let us confess our faults (at least to ourselves), renew our covenant, stand closer together in the future than we have in the past, and as we know we are less incompetent this year than we were last, if we will all stand as one man, the boundaries of competence will be enlarged, the people will recognize the merits of osteopathy and will see to it that the Empire State enacts necessary laws for the regulation of the science and the protection of themselves and us.

## HOW OSTEOPATHY TREATS THE SPINE.

Dr. Carl P. McConnell, Chicago.

### DESCRIPTION OF THE SPINAL COLUMN.

IMAGINE, if you will, twenty-four blocks of bone, more or less irregular but circular in outline, and varying in thickness from one-half an inch to one inch, and approximately an inch and one-fourth in diameter, set one on the other, making a column some two feet in length. Between each block is a piece of cartilage about one-fourth of an inch thick separating each block from its fellow, although processes of the block extend downward and upward to join its fellow in order that greater stability may be assured. Through the centre of this column, lengthwise, runs a canal one-half an inch to three fourths an inch in diameter. Thus in the rough is pictured an outline of a spinal column.

Next clothe this spinal column from top to bottom with innumerable ligaments and muscles in order that the sections may be thoroughly bound together and that the column may be endowed with rigidity if the occasion requires, as well as motion in various directions, such as movements forward, backward, laterally, obliquely, and of rotation. In a word, we have a column that is well bound together, at the same time being fully movable in all directions.

Then so shape this column that in a normal state it is curved forward

and backward twice in its entirety, each curve compensating the other, after the character of a much modified letter S. Between each section of the bones will be found grooves, one on each side, passing from the longitudinal canal outward in order to allow the ingress and egress of nerves and various nutrient vessels.

Our entire organ now presents a stable but yielding and elastic column of bones, ligaments and muscles and lacks only the insertion of the spinal nerves and blood vessels and lymphatics to the spinal cord by way of the little holes, one on a side between each section, in order to make the situation more than doubly interesting.

The spinal cord within its canal is most thoroughly protected by not only its bony casement but by membranes and a spinal fluid. In fact, the only way it can be injured or bruised is from a fracture or displacement of one of the blocks of bone. Consequently this article deals but little, directly, with the all-important spinal cord. Injury to the cord directly is rare, but impairments of the cord indirectly is much more common as we will soon see.

One other factor in the framework of this section of the body I wish to bring to notice is the ribs. The ribs, twelve on a side, are attached by one of their ends to the spinal column. Approximately the two corresponding are attached to the same vertebra, thus including in all, twelve of our original blocks of bone, and the rib attachment is practically midway of the two ends of the column. It will readily be seen greater rigidity is given the midsection of the column by the ribs.

#### SPINAL COLUMN SUBJECT TO INJURIES.

Now, the first point I wish to emphasize is the fact, that although we have a spinal column that is rigid and stable, the spinal column is readily flexed, extended and rotated and even easily stretched to the extent of eleven and one-half cm., on flexion, (see 1 below). This being the case it stands to reason, as well as observation, that the column is subject to any and all mechanical injuries common to any column. Not that the sections of bone (vertebræ) must be, or even are, often dislocated in order to do much harm, but the many thousands of muscular strands and the ligaments may be readily strained, torn and variously damaged. Then above all, many of the most serious results arise from several sections *enmasse* of the spinal column being sprained and sprung out of normal alignment by mechanical injury. This springing of several segments together of the column may tend to obliterate normal curves or it may accentuate normal curves or it may establish the starting point of a new curve. Is this surprising? Take the most substantially built building. Is not there a tendency for that building to become racked when violence such as a hurricane strikes it? Then certainly an elastic, slim spinal column where even slight muscular changes can sway it would be subject to the thousand and one physical injuries as falls, slips, etc., to which all of us are daily subjected. The wonder is that we are not continually more

seriously damaged. Mark you, I am not speaking about fractures and dislocations of this column, although such do occur, but I am confining myself to the more modest and lesser strains and tears, but still many times far reaching, of the bones, ligaments and muscles.

Supposing our spinal column is strained, what would happen? Outside of the mal-alignment of the column, tearing and bruising of ligaments and muscles, another feature the most important of all, should never be forgotten. This is the disturbance, an irregular spinal column must have upon the nerves and vessels passing through the openings of the column between the cord and outside. Nature leaves no vacuum or any extra space within the body. There is a right place for everything and everything must be in its right place for perfect health. Is it surprising then that injury may be done the tissues about these nerves and vessels or even the lumen of the grooves impinged upon? Herein lies one of the great practical features of osteopathic practice.

#### PRACTICAL FEATURES OF OSTEOPATHIC PRACTICE.

Rarely is injury done directly to the spinal cord or its centers, and rarely do we as osteopaths treat primarily for effects directly, the spinal cord or its centres. What we do nine times out of ten or oftener is to repair the damaged spinal column, osseous, ligamentous and muscular, in order that an embarrassed nerve or vessel passing in or out of the spinal openings may be rectified. Naturally, the nerves to or from the cord or the vessels to or from the cord being disturbed would affect the cord indirectly, and may not only cause a functional disturbance but an organic lesion. Nevertheless, our primary work is not with the cord but with the nerves and blood vessels to and from the cord, from the standpoint of a damaged spinal column mechanically disturbed.

The osteopath flippantly speaks of spinal centres but he rarely does much with any of them. This erroneous idea (osteopathic centres) comes from his knowing that certain sections of the spinal column exit nerves to certain organs with tolerable regularity (as to definite location). This much the osteopath knows, that the stomach spinal nerves come from certain sections, that the kidney spinal nerves come from certain sections, etc., etc. But as to his treating centers for this or for that trouble, in most instances he does not. Likewise when stimulating here or inhibiting there these so-called osteopathic centres he is in the majority of cases wasting valuable time for the patient. Correct the mechanical derangements and nature will do the rectifying in the stimulating or inhibiting of the life forces as she may require. All she wants done is a liberation; the forces are pent-up and lack freedom.

#### ADJUSTMENT THE KEYSTONE OF PRACTICE.

What is the character of the genuine osteopath's work along the spinal column? The work of the osteopath that knows his business, along the spinal column, is first, last and all the time that of readjustment. It is relaxing the muscles and correcting mal-alignments of the vertebræ and reducing sub-

luxated ribs—all for liberation of the spinal nerves and vessels and the sympathetic ganglia and fibres; not primarily for the spinal cord or its centers but indirectly only. Outside of relaxing muscles and readjusting vertebral ends of ribs, the spinal work is in most instances sort of *en masse*, i. e., several segments together. Single vertebræ, with one or two exceptions, are rarely affected, one part of the column is usually wrenched or twisted on the other, or a large portion, several vertebræ, are sprained out of line together. The inexperienced osteopath may attempt to correct these so-called lesions by working on the lesion only, but the fact of the matter is a so-called lesion is probably one end of several vertebræ mal-aligned *en block*. Such an osteopath would probably examine up or down the spine and find what he would term a second lesion while in fact it would be the other end of the mal-alignment or slight curvature.

This is the kind of work that Dr. Still always does—goes to the lesion and readjusts it. He never gives a general treatment or any such imitations. Dr. Still never discovered any movements as some good osteopaths have intimated. Osteopathy is not a movement cure. It is a universal method of healing. Dr. Still discovered the principle. It is for us to apply the principle whenever indicated. There are no stereotyped methods of applying it. No two cases are alike, consequently no two treatments are alike. When you hear one say new movements will be discovered put him down as something outside of the osteopathic school. He has yet to learn its philosophy.

To me an incontrovertible proof that the foregoing interpretation of osteopathic spinal treatment is correct is the fact that treatment below the lower end of the spinal cord proper obtains the same results as elsewhere. The spinal cord ends at the lower part of the first lumbar vertebra, about the waist line. A large percentage of treatment to the colon, sigmoid, rectum, bladder, uterus, and legs is given below the spinal cord proper. Results are the same—cures are performed by readjustment of the spinal column in this region. Is it by way of cord centres several inches higher? I think not; it is liberation of spinal nerves and blood vessels. If such is true here, why not in other sections of the spinal column?

#### M. D.'S OFTEN OVERLOOK THE REAL CAUSE OF DISEASE.

The osteopathic profession has been harshly criticised by the medical profession in particular, relative to the lesions we find in the spinal column, and, also, the frequency of our spinal treatments in the vast majority of cases. The average M. D., and he is the one densely ignorant of clinical anatomy, whoops and hurrahs that it is absurd to even suggest the possibility of a derangement of the vertebræ as suggested above.

Let us reiterate for emphasis our viewpoint of spinal column derangements, and mark you this knowledge is neither hypothetical nor theoretical, but absolutely practical facts based upon examination and curative results from thousands of cases by thousands of osteopaths in the United States during the

past decade. Our observation has been, and without a shade of doubt that muscular contraction of the back muscles, that sprains, strains, jars, and falls to vertebræ and ribs, that postural habits, that compensatory deformities, and that reflex irritative conditions can so damage (irritate and obstruct) the spinal nerves, the allied sympathetic nerves, the spinal blood vessels and lymphatics, in a direct or indirect mechanical manner that a large percentage of ailments may directly originate therefrom, predispose mal-nutrition or reflexly disturb diseases already situated in the various organs. Then, naturally, the *modus operandi* to correct these ailments is a manipulation as the situation or condition indicates (not an active or passive movement, but a scientific readjustment as the cases require, and no two cases are alike, based upon definite and known mechanical principles). Pills, plasters and liniments would not be common sense treatment any more than shoveling in more coal into the fire-box of a locomotive to get up more steam to straighten a bent piston rod or to correct a wrongly adjusted eccentric.

#### REASON FOR FREQUENT TREATMENT.

Why is the spinal column treated so often? For the simple reason that the spinal cord and its nerves control the life and function of nearly every organ. The integrity of the cord and its nerves means either ease or disease.

I have personally heard it stated by competent M. D.'s, that really all a physician needs to know is a knowledge of drug action, and that all a surgeon need to know is to cut soft tissues when encountered with a knife and to saw a bone when discovered and during the mean time to ligate the blood vessels. Of course, this is overdrawn but it illustrates the fact that most medical men place anatomy and physiology in the back-ground. How much confidence would you have in a mechanic who did not understand the principles of mechanics? The human body is a vital mechanism based upon the laws of mechanics and dynamics, and outside of food and hygienic considerations is self-regulating and self-supporting and contains absolutely its own reparative principles. Disease is a condition arising from abuse and overuse, not from a something that gains entrance into the body and must be expelled. To substantiate our claims a little more fully, if such is necessary, I wish to refer the skeptical reader first to two works (see two and three below).

The blood supply to the cord is very important from an anatomical and osteopathic standpoint. There are three blood vessels, an anterior and two posterior, that run the entire length of the spinal cord. This means long slim vessels, the largest of their size in the body, and dependent of direct cardiac impulse. The pressure within the vessels is slight and gravity impedes return circulation. Then these long vessels receive reinforcement all along the spinal column from branches of large vessels within the body, and these branches, note this, pass through the little openings between each vertebra in order to reach the cord.

## AUTHORITIES QUOTED.

Bearing upon the anatomical features I desire to make a quotation (see four below).

" \* \* \* \* The spinal cord is suspended within the spinal canal in subarachnoid fluid, which entirely insulates it, and, meantime, surrounded by this liquid, and insulated by it, the spinal cord itself is out of reach of any blood-supply, except such as can come to it from the brain above, or else along the nerve-roots at the sides. And, in fact, the supply of this important part becomes, if I may so speak, one of Nature's difficulties. Let us see how the difficulty is met. The blood-supply to the spinal cord is carried out by slender vessels which come from the vertebral arteries within the cranium. There are three of these arteries, one on the front and two on the back of the cord; they are very slender, and yet have to run along its whole length. No arteries so small as these run so great a length elsewhere in the body, and pressure falls rapidly in minute arteries as the length of pipe increases, so that it becomes necessary to re-inforce these slender vessels wherever possible, and advantage is taken of the nerve-roots to send up little re-inforcing arteries along these. \* \* \* \* When you approach the tip of the cord the supply from below becomes exceedingly precarious, and even apt to fail entirely, because upon the long strands of the cauda equina the small arteries are too narrow and too long to re-inforce the cord with any certainty. \* \* \* \*

" \* \* \* \* Hence we see that the tip of the spinal cord, corresponding to the lower limbs and sphincters, is much more weakly organized as to its circulation than all the upper parts of the cord. \* \* \* \* I believe it is by impediment to the exceedingly and peculiarly difficult blood-supply of the caudal end of the spinal cord that all these various conditions lead to paralytic weakness of the lower limbs, and they are to be met by conditions improving the circulation, if possible."

The foregoing is certainly an interesting quotation and shows logically and conclusively the efficiency of osteopathic treatment on the spinal cord. If osteopathy is anything it is a common sense rational treatment.

Those who desire the study of the physiology of the blood-supply farther and, also, some more of the detailed osteopathic theory I must refer them to other works (see below five, six and seven). I would like very much to go more in detail but my article is already getting lengthy. The student will find some exceedingly interesting material in the references.

Another suggestive quotation I desire to make (see below number eight).

"What has happened, \* \* \* \* when a man has fallen with his back upon the ground? It is possible that the spinal marrow, obeying the law of gravitation, may, as the body falls, precipitate itself in the same direction, fall back toward the arches of the vertebræ, and be itself concussed in that way. Or the little filaments of the sensitive and motor nerves, which are delicately attached to the spinal marrow, may, for a moment, be put in a state

of extreme tension, because, as they pass through the intervertebral foramina, they are fixed there by dura mater; and, if the spinal marrow be dragged from them, the intermediate parts must necessarily be put upon the stretch, producing at the same time the 'pins and needles' sensation, and also explaining the symptoms felt on the following day. It is impossible that these symptoms could be the result of anything but some structural disturbance; and they are, to my mind, the evidence of decided injury to the nerves or marrow, although what that injury may be is not ascertainable."

The foregoing quotation is from Hilton (see eight below). Clevenger (see nine below) comments upon it as follows:

"These views of Hilton's are capable of extension to wrenches, etc., of the vertebræ, not only disturbing the precarious circulation of the cord, but by strains inducing more or less permanent irritation of the nerve-roots and meninges, and, what seems to have been wholly lost sight of by all writers, lesions of the soft and poorly protected spinal sympathetic communicating fibres."

Is not this hitting pretty close to osteopathic ideas? But, alas! they forget their application of practical anatomy when it comes to treatment.

Relative to the sympathetic nerve importance I must refer the readers to another work besides Clevenger (see ten below). I am sorry space and time forbids further extracts on the sympathetic nerve in relation to spinal injuries.

Another writer (see eleven below) among many fine ideas has the following to say relative to sprains of the back and neck:

"One of the most singular features in connection with these sprains is the way in which the backbone itself, and the muscular and ligamentous structures around it, are overlooked and ignored. Even in the ordinary accidents of every day life there is a great tendency to lay everything that is serious or lasting to the credit of the spinal cord. In railway cases there is no hesitation at all; if any serious result ensues, it must be the consequence of damage this structure has sustained, or of inflammation following it, little or no attention is paid to anything else. Yet it is difficult to see why the other structures should enjoy immunity. The vertebral column may be strained, especially in the cervical and lumbar regions; the ligaments torn or stretched; the nerves bruised or crushed; the smaller joints between the segments twisted and wrenched; the muscles detached from their bed and torn across, or thrown into such a state of cramp that they become rigid and unable to act with freedom; or the fibrous sheath which contains them and helps to secure the bones laid open and filled with blood. Results, in short, of the most serious description are not uncommon, and often leave lasting evidence of their existence behind, when the spinal cord escapes completely."

The foregoing was written some fifteen years or so ago by an English surgeon, and what good did it do the medical profession? Even the surgeon that wrote it did not know how to meet the conditions rationally. It has remained for Dr. Still to give to the world a logical system of therapeutics. The M.

D.'s have been running after false therapeutic gods. When occasionally they found one of the converging paths they immediately lost its significance and got into a diverging road.

I cannot resist the temptation to give just one more short quotation from an old book (see twelve below) that is apropos of our article.

"While then the victims of railway collision (the author is treating of railway injuries in particular, but other injuries bear the same features) are not by any means exempted from liability to suffer from any and every form of lesion of the spinal cord and its membranous coverings, accumulated experience leaves no longer any doubt that these grave results are most uncommon, and that though the back is especially prone to suffer injury in this form of accident, it is the extra spinal structures which, in ninety-nine cases out of a hundred, bear the brunt of the violence and suffer from it."

The question naturally arises, why was not osteopathy discovered before? This can only be answered by the question, why has nearly all the great advances in surgery been discovered in the past decade or two? Simply ignorance and superstition.

Hence, it is seen there is plenty of detached and fragmentary evidence bearing upon our interpretation of spinal injuries and mal-alignment; although not one authority prior to Dr. Still even suggested the osteopathic method of cure or relief of these spinal disorders, let alone their application to diseases in general.

1. Golebienski—Diseases Caused by Accidents, p. 124.
2. Church and Peterson—Nervous and Mental Disease, p. 323.
3. Deaver—Surgical Anatomy, Vol. 1, p. 444.
4. Croonian Lectures, Royal College of Physicians, 1881, quoted by Clevenger, Spinal Concussion, p. 195.
5. Hazzard—Principles of Osteopathy.
6. Journal of Osteopathy—Dr. Hart's Article, December 1898.
7. Schaffer—Physiology, Vol. 2.
8. Hilton—Rest and Pain.
9. Clevenger—Spinal Concussion, 1889, p. 197.
10. Fox—Influence of Sympathetic on Disease.
11. Moullin—Sprains; Their Consequences and Treatment, p. 152, 1891.
12. Page—Railway Injuries; With Special Reference to Those of the Back and Nervous System, p. 29, 1892.

### OSTEOPATHY IN BRIGHT'S DISEASE.

Charles Hazzard, Ph. B., D. O., New York City.

BRIGHT'S Disease is a familiar name to the layman as it is one of the commonest diseases of the kidneys. It is a much feared foe of the human race on account of its great prevalence and fatal tendency. It is most common in one of its chronic forms, and has been regarded as a practically incurable dis-

ease. As a matter of fact, its acute form is generally recovered from, but it is the common chronic form of the disease which has, heretofore, proved so difficult of cure as to gain for itself the reputation of being an incurable malady. That osteopathy can permanently cure Bright's Disease, however, has been demonstrated in so many cases that there can no longer be any doubt about it.

This is an inflammatory disease, known also by the name of nephritis, and it causes destruction and change in various of the tissues that go to make up the structure of the kidney. In Chronic Parenchymatous Nephritis, the most familiar type of this disease, these changes become very marked and widespread throughout the organ, the most important part of the process being the change in and destruction of the so called renal epithelium, which is by far the most important tissue in the kidney, its duty being the secretion of the urine, and the separation from the blood of the various poisonous products of vital activities which are designed to be removed from the body by the functioning of the kidney. It will be easily seen, therefore, that any attempt to cure the disease must aim definitely at the repair of this all-important renal epithelium. This can be done, as results prove, but in order to understand how this is accomplished it is necessary to explain something of the osteopathic way of regarding this disease.

According to osteopathic theory it is necessary, in order to revitalize any tissue or organ of the body, and to restore it to a condition to perform its wonted activities, to supply the part in question with free and unhindered blood and lymph circulation and nerve control, upon which it depends for its healthy action. This being true, the first question is to decide what is preventing the part from having these vital supplies in the normal manner and quantity. Whatever prevents it from having these, weakens it and lays it liable to the action of many influences which, culminating, may produce disease. The primary cause of the disease is the impediment to the vital forces of the organ.

The kidney is an organ whose activities are regulated by a complex and delicate nervous mechanism. All of its physiological activities depend, at bottom, upon this nerve control, which is from the so-called sympathetic nervous system, but closely connected with the nerves along the spine from the region of the sixth dorsal to the upper lumbar. The American Text-Book of Physiology shows that stimulation of these spinal nerves affects the renal blood vessels, causing them to contract, and lessening the circulation of blood to the kidneys.

The osteopath finds various abnormal conditions in the spine at the origins of these nerves, in cases of kidney disease. In a number of cases of Bright's Disease that were examined and treated osteopathically, a bad condition of the spine was found at the origins of the nerves from the ninth dorsal to the second lumbar. In this way the nerve connections of the kidneys are interfered with, the blood circulation is affected, and the organ is weakened. It can no longer perform its work easily and well, the ordinary amount of work

expected of it is more than it can do, and the system begins to suffer. In this state of affairs emergencies that tax the kidneys can not be met. Exposure to cold and wet; diseases which breed poisons in the system, as in various fevers; the use of certain poisonous drugs, and many other causes, so overtax the kidneys with extra work that they break down under the strain, and Bright's Disease results.

It must be remembered that the radical cure of the disease depends upon the restoration of the kidney tissues to a normal state, especially upon the restoration of the altered and destroyed renal epithelium. This can be done only by the removal of the spinal lesion that is primarily responsible for the interference with the normal healthy action of the nerve connections of the organ.

Drink and diet, clothing, exercise, and fresh air all have their appropriate place in the treatment, but unless the underlying cause is removed, these or any other measures will be without avail.

By proper osteopathic treatment to the kidneys, and by removal of spinal lesion affecting their nerve connections, the circulation and tone of them may be greatly strengthened and their function much increased. This is to say that their power of work is increased, elimination of the renal poisons is better accomplished and better general health is gained. This, in turn, reacts upon the kidneys favorably. By spinal correction and renewed circulation the natural resources of the body are directed toward restoring the renal epithelium and the cure is wrought upon physiological grounds.

## TREATMENT OF TUBERCULOSIS.

### SECOND PAPER.

Homer Woodruff, B. Lit., D. O., El Paso, Texas.

In the treatment of tuberculosis we shall first consider climate. When it has been determined that a patient is suffering from tuberculosis a change of climate is essential in all cases, and imperative in many.

The surroundings should be pleasant and entertaining, which provide mental rest free from anxiety and worry. If this important feature of the case is lost sight of the benefit to be gained by the change is liable to be lost. As a rule camp life is the best for the pulmonary invalid, but is not essential to all cases. Each case is a law unto itself. Homesickness, worry and anxiety will cause a patient to fail rapidly. The surroundings should be pleasant and entertaining. The nature of the case, the raising and idiosyncrasies of the patient must be considered.

The most favorable locality to be selected should possess a moderate amount of humidity, pure fresh air and an abundance of sunshine. Dryness is preferable to dampness; sunshine to cloudiness; altitude rather than a low ground. The mountains are more desirable than the desert. Cool air taken into the lungs is much more invigorating and bracing than warm.

As a rule those suffering from tuberculosis breathe through the mouth.

The mouth should be closed. The nose filters the air and the small hairs in the vestibule of the nose catch the dirt, dust and germs and prevent them from entering the air passages. Those who sleep with the mouth open always snore, and if a pathological condition of the throat exists it is sure to be aggravated.

A climate should be selected where cool air may be breathed into the lungs and the surface of the body stimulated by bright, warm sunshine, and where the chamber windows may be kept open at night while the body is kept warm with suitable covering. The sleeping room should be sunny and unoccupied during the day and should not be occupied by any other person. Patients many times get well under all kinds of climatic conditions by living out of doors. This has been proven many times, but a change of climate is advisable in all cases where circumstances will permit.

Dryness of the air and altitude are the two important factors to consider. The object of altitude is to compel deep, full breathing, which will carry off watery vapor and CO<sub>2</sub>. (The latter commonly known as carbonic acid gas.) Altitude will usually increase the appetite; increase the activity of the skin; improve the nutrition and the heart's action. Altitude will increase the hemoglobin and red blood cells and the germicidal power of the blood. The altitude should range from about 2000 to 5500 feet, it should not exceed the latter. A great altitude should be approached with caution. A sudden change from a high altitude to a low level is always bad. Better results will follow if the approach is gradual and the chances for a permanent and lasting cure greater, if the descent is gradual. Those who recover at a great altitude usually have to remain there to prevent a relapse. Great altitudes should be avoided by those who suffer from nervous symptoms, organic heart disease, old age and depleted vitality. The time necessary to remain at high altitude is usually one year; at the end of that time a case of incipient phthisis should recover, but it is always policy to remain another year to confirm the cure. In other words, in two years the patient, if he has followed the right kind of life and had good treatment, should be able to return to his place of residence in safety.

Those with both lungs affected and cavity formation should seek a warm, dry climate and a low altitude. A change of climate is also sometimes indicated for those who suffer from tuberculosis from other parts of the body besides the lungs. Improvement, and many times a cure, will follow. The pulmonary invalid will do better to remain at home and live out of doors than he will to remove to the mountains and live in doors. It is a difficult question to know where to direct tubercular patients unless one has given this subject careful thought and study. Broadly speaking, there is no place in the world that will equal the high, dry interior extending from Colorado to the City of Mexico. Those who suffer from catarrhal conditions will find that a dry, warm climate and a moderate altitude is best, for the pneumonic a low altitude, warm air and moderate humidity. The clothing should consist of warm,



light garments; the under clothing should consist of material that will absorb the perspiration quickly. A mixture of cotton and wool is recommended, but the writer's experience is that linen mesh cannot be surpassed. Pads and chest protectors should be avoided; boas and fur collars are harmful. Night gowns and under clothing should be changed at least twice a week. Exercise in the open air is important and rest is equally important. Exercise to the point of fatigue is injurious. If fever is present rest is always essential. It is not necessary to remain indoors to rest. A hammock or a comfortable seat placed in the sun or shade, according to the season is desirable. Every effort should be made to entertain the patient. Attending over-crowded theatres and churches should be avoided, as the air in such places is usually impure.

Due care and attention should be paid to the diet. Space will not permit us to go into details, but there are foods that should be avoided. Sugar and starches should be taken very sparingly. Certain meats and vegetables should, by all means, be avoided, such as cabbage, carrots, pork, veal, salt fish, hashes, crabs, lobsters, fried potatoes and arrow root, turnips, parsnips, beets, hot bread, pies, cake and gravies. Fat and nitrogenous foods should predominate; whiskey should be avoided. It may do much harm.

Water should be used freely, both internally and externally, but it should not be taken with the meals. The neck, chest and arms should be bathed every morning in cool or cold water, according to the condition of the patient. In the morning a brisk, cold bath is usually recommended, but advice on this point should be left to the attending physician. A glass of warm milk should be prescribed for those who may suffer from night sweats. Night sweats usually come on at about the same hour and the writer's experience is that a glass of warm milk, just before that hour, will have a tendency to check them; it is always worth the trial. Those who suffer from hemorrhages of the lungs recover as rapidly as those who do not. The prognosis is many times more favorable. However, a hemorrhage is always a serious matter and demands immediate attention. A hemorrhage consists of a mere trace of blood in the sputum to a spontaneous flow. To combat this condition requires the best effort and skill of the attending physician. The patient should be put to bed and have absolute rest. Cracked ice should be permitted to melt in the mouth and ice should be applied over the pericardium. Here is where the life of the patient may be saved by osteopathic treatment. The heart's action and pulse rate should be reduced to sixty-five per minute. Do not permit the patient to talk.

It is absolutely necessary that the attending physician watch every symptom that may arise. Do not depend too much on statements made by the patient. Do not fail to make a careful examination often and look for complications, which require our best efforts. A pulmonary invalid cannot gain much if his stomach is upset. The stomach, spleen and bowels must receive due attention. The general condition of the patient *must* be improved. Bony

lesions are found in 95 per cent of all cases. Lesions from the second to the seventh dorsal vertebra will interfere with the innervation to the lungs and, therefore, lower the resisting powers of those organs. The ribs and clavicles should be raised and the breathing capacity increased and the vertebral lesions removed. Tenderness of the vertebral column will usually manifest itself in an unequivocal manner on examination when pressure is applied over the spinous processes. These spinal lesions are usually the cause and beginning of the patient's ill health. If the innervation to the lungs is impaired the circulation is also impeded, and a more or less pathological condition will ensue, which always lowers the resisting power of the patient and places him in a receptive condition to take on, not only tuberculosis, but any of the contagious and infectious diseases. We firmly believe that the majority of all cases of tuberculosis are amenable to osteopathic treatment, if placed under the care of a competent osteopathic physician at the beginning of the disease. In all tubercular patients the circulation is poor and they usually suffer with cold hands and feet. When the circulation is impaired at one point of the anatomy it certainly cannot be perfect in other parts. Osteopathy is the only treatment that will free the circulation in every part. No diseased part will get well without a fairly good circulation of blood through that part. Inflammation and suppuration cannot long exist where the blood circulates freely. The germicidal power of the blood is always diminished in those who suffer from poor circulation. Tie a string tightly around the finger, it would immediately get black and would soon rot off if the string were not removed. Place a dam across a river and permit the water to back over the bottom land, and the water becomes stale, green and stagnant. Would you purify that poisonous water by treating it with chemicals and drugs? Remove the dam and the free circulation or flow will purify that water and do it quickly and wash away all germs and impurities.

Many cases of tuberculosis cannot get well, but osteopathy will relieve symptoms, prolong life and bring rest and comfort. Treatment should be directed to correct anatomical derangements, to reconstruct nerve power, to improve the circulation, to strengthen and restore lost vigor. Osteopathy is the *sine qua non* in the treatment of this disease.

### THE MEDICAL TREATMENT OF MINOR AILMENTS.

Dr. Charles C. Teall, Brooklyn, N. Y.

A COLD or an attack of indigestion is a "minor ailment" to the physician; but to the one who is suffering from it, it may be very important. The victim may easily undergo more inconvenience and even actual pain than he would if his malady were a rare and interesting one. In *The Lancet* (March 8), a plea is made editorially for the study of such diseases. Our hospital training, the writer points out, is deficient in that it accustoms the practitioner to some-

what abnormal conditions. The aches and pains of every-day life are not treated there, and when the young doctor comes in contact with them they are strange to him. Says the writer:

"No revelation is more perplexing to the young practitioner fresh from hospital work than this—the majority of his patients seek his aid on account of ailments which were not seen, or were thought of little account, in hospital work. Instead of finding that for every case with which he is confronted he can at once remember a parallel supplying him with confidence in his treatment of his patients, he realizes to his surprise that now for the first time he is called upon to deal with some common ailment of which he has often heard, from which, indeed, he may have suffered, but to which he has never had his attention directed during his days of pupilage. His ingenuity in devising suitable treatment becomes at once subjected to a severe test. Qualities are asked of him for which he has hitherto had little need, and thus it happens often that coolness and tact, if based on sufficient knowledge, may lead the practical young man to early success that may be denied to the 'best man of his year,' who, with a large amount of definite knowledge, lacks the accessory qualities which permit this to be brought into play in private practice.

"Recent correspondence in our columns on the treatment of the common cold and the removal of the unsightly wart would in itself suffice to show how great an interest for practitioners may center round a subject which the textbook or the lecturer on medicine passes by with a word or two. Minor ailments are common ailments. Common ailments provide the bulk of practice; while it is rare cases that loom large in the student's eye, and it is mainly from the exceptional instances that his teachers provide their lectures and demonstrations. Yet these common ailments should provide as much food for reflection as the most elaborate medical problem. The common cold is not more easily explained than the etiology of pernicious anemia, and Friedreich's hereditary ataxia is almost as amenable to treatment as a simple headache in certain persons. Yet hundreds of pathologists and bacteriologists probably busy themselves about the more high-sounding diseases, for every one who attempts to unravel the equally obscure problems of a so-called complaint. This is a practical error, for surely that disease which affects the largest number ought to be grappled with first."

The fact that osteopathy is successful in the treatment of "minor ailments" to the extent of making them appear of little or no consequence will render an examination into the reasons for this great difference in results between the two systems of much interest. It will be necessary to look into the causes of the ailment and then compare the treatment and its results. To do this a common cold will be considered as it seems to offer the greatest difficulty to drug treatment.

The authorities, Osler and Hughes for the medical end and McConnell and Hazzard for the osteopathic, under the name of coryza or acute nasal catarrh, give, in substance, the same definition, "an acute catarrhal inflam-

mation of the mucous membrane of the air passages with exudation." The first striking difference lies in the etiology or cause and there can be no doubt of the necessity of a correct determination in this particular, before intelligent and successful treatment can be administered. In this comparison coryza resulting from irritating vapors or when preceding another disease will not be considered.

Osler says, "the disease probably depends upon a micro-organism" and bases his treatment on that hypothesis. He advises, when there is fever and constitutional disturbances, that the patient should be put to bed, given a "simple fever mixture" and, at night, hot lemonade to drink with a full dose of Dover's powders. For the pain in the frontal sinuses cocain can be injected into the nostrils or applied by cotton wool. Later a snuff composed of sulphate of morphine, acacia powder and bismuth is advantageous. Fluid extract of hamamelis can be snuffed frequently. This is a simple treatment and conforms to Dr. Osler's well known antagonism to over-drugging. Hughes gives atmospheric changes as the most influential cause, also exposure to drafts of cold air or of the feet or ankles to cold or dampness. There is no hint as to the structural changes which must take place from these exposures and, although he states in his pathology that "there is hyperæmia of the mucous membrane—this tumefaction is partly increased by œdematous infiltration," he fails to connect this congestion with any interference to the circulation. For treatment Dr. Hughes recommends the cocain and snuff, with some slight variations, the same as Osler. In addition he gives the following, when from atmospheric causes, quinine and sulphate of morphine or ipecacuanha and opium. If the attack is well developed belladonna should be given and if there is much fever add aconite. Camphor is also recommended at this stage. As an expectorant, a mixture of talc and sulphate of morphine is to be snuffed. Should all the foregoing fail try Dr. Sajous' combination of chloride of amonia, tincture of opium and white sugar. For a "minor ailment" that is a rather complicated treatment and a good deal of latitude is allowed. Now for osteopathy. McConnell gives lesions in the upper cervical vertebræ, chiefly of the atlas and third cervical, and contractions of the deep and superficial muscles of that region, caused by exposure to cold, as the most frequent cause. For treatment, he says, removal of the bony lesions, relaxation of muscular contractions and treatment of the fifth nerve will give prompt relief. Hazzard gives practically the same lesions and treatment and adds "the author has treated several individuals who were subject to severe colds in whom one treatment invariably broke up the most severe attack." This is a simple proceeding but it brings results. In cases which have been allowed to run for some time before beginning treatment more time will be required but will bring the same good results. Another thing, treatment will insure the sufferer against further attacks, except under aggravated conditions.

There is not a "minor ailment" to which this flesh is heir that does not yield as quickly to osteopathic treatment, but the public is apt, with that rare

discrimination with which it is gifted, to throw to osteopathy only the toughest nuts to crack. They decide it must be just the thing for epilepsy, locomotor ataxia, diabetes, paralysis, chorea, etc., but for measles, mumps, whooping cough, indigestion, cold in the head, fevers from improper elimination, oh no! for these they must have medicine even though it has failed for ages in these very diseases. They should reason that if we can overcome the chronic, deep seated trouble, why, in the name of common sense, should we not quickly abort the acute attacks which would, in a large majority of cases, recover spontaneously any way? Again, it frequently happens that a patient who has been cured by osteopathy of some chronic disease, incurable by the older methods, will go to the drug man who had failed for years to give relief, when a "minor ailment" develops.

### OSTEOPATHIC PEBBLES.

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

Osteopathy aids nature.

Nature is always reasonable.

Never neglect a slight ailment.

"Who has not health has nothing."

Accumulations of slight ailments break down constitutions.

Osteopathy glows with the impulse and simplicity of Nature.

What osteopathy *is* and *does* renders it popular and powerful.

Osteopathy soothes, invigorates and restores health to overworked business men who are nervous, rundown, can't sleep and can't eat.

Ancient superstitions, absurd practices, foolish speculations, idle theories are being rapidly relegated to the attic by genuine osteopathy.

The early Greeks above all recognized the value of a sound body, and were the children of today subjected to the regular inspection and oversight of competent osteopathic physicians, a rugged constitution would replace many a delicate one.

Laughter is one of Nature's best medicines; it beats powders, potions, pills; it is free like water, air and sunshine, hence many overlook it. It works on the phrenic nerve which vibrates the diaphragm, thereby establishes an equitable blood supply and promotes normal metabolism.

To many who have despaired of ever regaining health osteopathy appeals with new hope because it is based upon a thorough knowledge of structure and function, evolves and properly directs the vital forces of the body organism; does not treat symptoms of disease, but removes the cause which lies back of all symptoms.

Listen to Nature's warnings; judicious exercise in the open air, frequent baths, copious water drinking, the free use of fruits, moderation in all things;

keep the mind in the greatest possible cheer; keep the body in the greatest possible comfort through osteopathic treatment and years of suffering and an early grave will be avoided.

It is not necessary to be bed-fast before being in need of osteopathic treatment. This is a fast age which wears out the machinery to the core. Be careful and repair while there is time. Keep the head cool, the feet warm and the bowels normal by an occasional osteopathic treatment, and you defy disease.

To effect a cure the remedy must be more potent than drugs that smother symptoms. Simply doping with headache powders to smother the sad reminder of a wretched dinner, merely rubbing liniment on a painful rheumatic joint to dull the pain does not remove the *cause*. Osteopaths go back to the *cause*, remove all interference with Nature by scientific manipulations for the proper adjustment of the body machinery, which is possible only to an efficient anatomist and physiologist with trained hands and educated touch.

Simon Pure osteopaths are not "mixers." They realize that success comes by doing one thing especially well; that it is impossible to become familiar with the minute details of more than one thing; that knowledge comes by eyes always open and working hands; that practice and experience make experts, and that those who stand out in the world's history as "masters" have achieved that title by concentrating their energies on the details of one thing—have specialized. Genuine osteopaths are experts in the practice of genuine osteopathy.

Prejudices inevitably prevail in every department of human activity. Osteopathy has been so successful in treating diseases, its cures have been so remarkable, its growth so rapid, and its indorsement has come from men and women of such high intellectual standing that the unreasonable, narrow-minded element in the medical profession watch it with jealous scrutiny, criticize and oppose it because it deprives them of patients and income. People inconsiderate enough to consult a medical doctor about the merits of osteopathy are usually advised that it is good for a "*few little things*" but it can't help you; you can't stand the treatment; it is rough and depleting; indelicate and exposes the body. How can they judge of something about which they know not the first rudiments? Their very act of disapproving without investigating is evidence of ignorance and prejudice, hence their censure and opposition serves not to check the onward march of osteopathy because it is armed with a potent weapon that cannot be sullied by falsehood or hypocrisy and it continues to win because it is builded upon the solid rock of absolute science, and back of its intrinsic truth and power to restore sick people to health is *Nature*. That it is Nature's aid to health is a fixed truth and its mastery of the forces within the body for preventing disease and restoring health is being demonstrated to the world every day. Go to a competent osteopath for facts about osteopathy; he will not presume to advise you pertaining to drugs. Seek the medicine man for that.

### OSTEOPATHY VS..HABIT.

If the opposition of the doctors of the medical schools were removed, if the skepticism of the American public as directed against every innovation were done away with, and if every other conceivable form of active opposition were eliminated, there would still remain opposed to osteopathy its most formidable enemy, habit.

We are a nation addicted to habits. Spasmodic movements may sweep over us at times brushing aside for the moment long-established customs but let the agitation become quiescent or even relaxed and we gradually settle back into the same old rut. Outwardly a people of hasty impulses, inwardly we are all creatures of habit, content with what we have, satisfied with the same methods which satisfied our forefathers, loving our ease and only changing our methods when dire necessity forces us into new channels.

Look back at our childhood. There are few of us, I warrant, who cannot call to mind the family medicine chest, hanging on the wall with its rows of bottles more or less neatly labeled and arranged, to which our mothers hastened when we manifested the first symptoms of pain and illness. How far down our lives that medicine chest has cast its shadow can only be measured by the length of time during which good health has prevented a dispelling of our illusions of medicine's omnipotent power. I doubt if there is one of us who, before osteopathy opened his eyes to the healing powers latent in his body, but what if pain were felt, hastened to the present day medicine chest, the drug store, confident that "he must take something" to ward off disease. And who has not, on meeting a friend on the street who complained of some ache or pain, advised him "to take something for it."

The medicine habit born at our birth, fostered by honest but misguided care, growing as we grew, and sinking its roots deeper and deeper into our very being until when we have reached the age where we can reason for ourselves we accept it without cavil or question, constitutes a more potent influence against osteopathy than all other influences combined.

All other opposition exists simply because of this one habit. Sweep away this one thing and the support of those who oppose osteopathy because of principle or because of self-interest will be likewise swept away and osteopathy will rise immediately to a proper plane in the appreciation of the American public.

Those of us who have followed the growth of osteopathy from its birth can already see that it is coming into its own. Not with a flourish of trumpets and much beating of drums, as have other movements which have swept the country only to die down again, but slowly though none the less surely making each foot of progress secure before venturing further, thus guaranteeing that there will be no retreat. Take the doctors for instance. Where a few years ago, they laughed to scorn the idea that any ailment could be cured without dosing the patient with medicine, now they are willing to admit that osteopa-

thy has some points of merit. Perhaps the most amusing feature of this change of mind cropped out in an interview which the writer had this month with an old friend, a doctor of the old school, who blandly claimed that he had used the essential features of osteopathy in his practice for years.

"Rome was not built in a day," nor was habit ever conquered by one assault. But as the sun of osteopathy rides higher and higher in the heavens, the shadow of the family medicine chest, which at dawn reached far over the earth, grows shorter and shorter, and when osteopathy has reached its zenith, there will be no more shadows of habit to balk the enlightenment of the world.

### The Physical Culture Fad

Nothing is more humorous on one side nor more pathetic from another standpoint than the manner in which the public has for the past few years been gulled by so-called professors who peddle gymnastic exercises for the cure of human ills. A number of these persons have become rich in the traffic and their wounded victims are now trooping back to their old physicians with new bruises and sprains added to their former troubles. It would be idle to attempt to point out all the fallacies and atrocities of these "systems," but some of them offer too tempting an opportunity for criticism to let pass.

Simultaneous with the birth of the "away from drugs" movement and the impetus given the popularity of manual therapeutics and nature cures, a certain young man in a western city who had been endowed by his mother with a set of good biceps and calves, was exhibiting them to his class of worn-out business men as the product of certain gymnastic exercises of his own devising. For proficiency in these exercises the earnest seekers for brawn had paid the sum of twenty dollars a head. Needless to say the young man knew nothing of pathology, or any other "ology" pertaining to medicine, but a person legally registered as a physician was paid by him to keep the officers of the law from interfering with the business. As is usual in all such instances it was not long before the young man had a long list of testimonials from distinguished personages in all walks of life whose calves were many inches larger, and who could swell up to mammoth proportions about the bust,

after religiously pursuing the directions given by the "professor." Then a keen-eyed 20th century advertising man swooped down on the game and bought up the young man's biceps and calves, had them photographed; fitted up luxurious offices; drew up numerous "stock letters" to suit all diseased conditions; employed numerous typewriters; retained the "physician" at an increased salary, and exploited the scheme by newspaper and magazine insertions throughout the entire country. The result was phenomenal. All the principals are idling in affluence now and money rolls in while the typewriter girls match the symptoms of the sufferers with the proper stock letter and "keep them coming."

The rush to "get next" by others with hypertrophied muscles has been almost as wonderful. Ex-prize fighters, muscle bound mechanics, and bath-rubbers have jumped in, each with a "superior method," and one can scarcely pick up a magazine without having to gaze upon the distorted arms and legs of some of these posing "health puncturists."

The injuries inflicted by this costly fad are incalculable. Men, women and children whose bodies and vitality were not at all fit for hard labor have been put through such severe contortions as only born acrobats can perform, and have developed weaknesses that never would have been theirs otherwise. Those who have survived the ordeal have simply demonstrated the fact that they were equal to hard manual labor and hence were physically sound without knowing it. Exercise is an essential to life—not to men-

tion health, and no one will dispute it; but a banker can not become a day laborer in a day, or a month, or a year, without sacrificing what health he already has, and all of these so-called systems make exactions upon the body of the average victim equivalent to toiling in a ditch or taking care of a "red-devil." Large well rounded muscles are no indication of health, and particularly when thus obtained; for it is invariably at the expense of the vital organs. A large chest expansion thus obtained is also abnormal and weakens the lungs instead of strengthening them. The organs cannot keep pace with such forced muscular activity any better than the muscles can thrive if the organs are called upon suddenly to do unaccustomed and heroic duty. Many an ambitious clerk has finally succeeded in touching the floor with his hands without bending his knees only to find lumbago creeping upon him or to suffer from a leaking valve of the heart.

Only recently I was called upon to treat a young woman who was seriously injured while taking part in the gymnastic exercises at a prominent state university, and she stated that there were a few of her classmates who were never free from sprains, bruises, and other ailments due to the outlandish maneuvers they were called upon to perform.

At another time I attended a middle aged woman suffering from internal injuries caused by taking part in the rough and tumble antics conducted by an itinerant "professor." Her complaint was constipation but she was placed in line with those suffering from a much varied assortment of diseases, and among other feats was obliged to assume an "all fours" position with the rest, and perambulate at a rapid gait about the room. After the column had made several circuits in one direction the "trainer" gave the order to reverse and the old lady was thrown on her side by the over dexterous turning of the woman in front of her.

Examples without number might be cited but why multiply them? Nothing is too absurd in these strenuous times to escape the patronage of health seekers and perhaps we should merely pity them. However it

does seem that of all the fads of the present day, the "Physical Culture" fad is the most injurious, and those nearest and dearest to the likely victim should judiciously restrain him. If there is one spot on earth, too, where such vigorous medicine is not required it is here in America—where the amount of exercise crowded into the daily life of the average citizen is gasped at the world over. Sick and well toil here, and in other countries men would long be dead and buried who here work ten hours a day on a quick lunch.

Rest, a change of occupation or environment, is often indicated in certain cases; but never is there any call for the set form of meaningless and dangerous movements that are hawked about the country and peddled through the mails. In some rare instances the muscular exercising of a part of the body may be necessary; but then the person afflicted should consult a competent osteopathic physician and follow his instructions. No two diseased conditions are ever so much alike that the same treatment can be applied in both, and no two days see exactly the same condition in any one case.

Therefore, to attempt to prescribe wholesale and alike for dissimilar conditions which have never even been seen once by the prescriber, to say nothing of the lack of qualification, and frequent close inspection necessary, is to attempt the impossible and court the odium that charlatans are branded with. That such impositions exist is a disgrace to the medical profession, for it should be strong enough to hold the masses from such extravagances and pit-falls.

It is the duty of every physician to urge those suffering from sedentary habits to take exercise according to what is prescribed for each individual case, and to shun patented formulas of all kinds—whether chemical or chimerical.

H. B. SULLIVAN, D. O.  
Detroit, Mich., Oct. 30, 1903.

**Large and Enthusiastic Meeting at Indianapolis of the Indiana Osteopathic Association.**

The regular meeting of the I. O. A. was held in Indianapolis at the Claypool Hotel November the eleventh. It was the largest meeting in the history of the associa-

tion (the attendance being 30). The officers were all present, and Dr. Sommers, the president, presided. The morning session was largely taken up with the discussion of cases presented by the different members. In the afternoon the business of the association, and the annual election of officers occupied the time. The subject of proposed legislation was fully gone over and a legislative committee appointed to have the work in charge. The following resolution was unanimously passed. "Resolved that the I. O. A. interpret the practice of osteopathy to include only such branches as are taught in our recognized colleges of Osteopathy, the medical board to the contrary notwithstanding." Our evening session was enjoyed to the full by all present, the following papers were read and discussed: "Rotary Lateral Curvature" by Dr. Frank W. Hannah; Dr. E. C. Crow read a paper on "Cervical Lesions;" followed by Dr. Jno. F. Spaunhurst with a paper on "Auto-intoxication." Dr. W. A. McConnell was absent so his paper on "General Practice" was not heard.

The papers all showed careful preparation and were extremely helpful to all present. Dr. Tracy, Superintendent of Clinics, was handicapped by a shortage of cases brought to him, so this feature was not as beneficial as it would have been had each one brought in a difficult case for presentation.

The association decided to protect all members in the state in any prosecutions which might occur under the present Medical Law. All non-members in the state should send their applications *at once accompanied by the fee, \$2.00, to the secretary.* We need you and you need the help of the association.

The following officers were elected for the ensuing year: Dr. Geo. Tull, Indianapolis, president; Dr. J. F. Spaunhurst, Indianapolis, vice-president; Dr. Frank H. Smith, Kokomo, secretary and treasurer, and Drs. J. E. Baker, Brazil, E. C. Crow, Elkhart, F. L. Tracy, Anderson, J. B. Kinsinger, Rushville, and Lida K. Stewart, Lebanon, trustees.

There were nine applications for mem-

bership which were all accepted. The I. O. A. will be heard from at the next legislature. All non-members please do not forget to join and help us in the work.

The association adjourned to meet the second Wednesday in May, 1904.

FRANK H. SMITH, Sec'y and Treas.,  
Indiana Osteopathic Ass'n.

**New Jersey Osteopaths in Annual Session at Newark.**

Forty osteopaths, representing nearly every county in the State of New Jersey, and including representatives from New York City and Philadelphia, assembled at Odd Fellows' Hall, Newark, on the morning of Oct. 31, when the New Jersey Osteopathic society began its annual session, with Dr. Samuel H. McElhaney, of Newark, in the chair. The morning session was devoted almost entirely to clinical demonstrations.

The following physicians took part in these demonstrations: Drs. Violette S. Davis, Joseph Starr, W. J. Novinger, G. D. Herring, S. H. McElhaney, Carrie C. Webster, R. M. Colburn, G. T. Coffey, F. P. Smith and Edwin W. Tate.

In the afternoon following President McElhaney's annual address, the following program was carried out:

"Food and Its Relation to Health," by Dr. Jose C. Howell; "Disease Prevention," by Dr. Samuel C. Matthews, and "Lesions of the Sacro-iliac Synchronosis," by Dr. F. P. Smith.

The following officers were chosen for the ensuing year: President, Dr. F. P. Smith, of Montclair; vice-president, Dr. Nettie J. Whitesell, of Elizabeth; secretary and treasurer, Dr. George D. Herring, of Plainfield. The following executive committee was appointed by President Smith: Drs. John F. Starr, of Passaic, Jose C. Howell, of Vineland, and Samuel H. McElhaney of Newark.

The banquet in the evening concluded the society's annual convention. Covers were laid for forty, and Dr. D. Webb Granberry, of Orange, acted as toastmaster. These toasts were responded to: "Is the Osteopath a Physician?" Dr. George D. Herring, of Paterson; "Why Belong to the American Osteopathic As-

sociation?" Dr. John H. Murray, of Trenton; "Why Belong to the New Jersey Osteopathic Society?" Dr. Walter J. Novinger, of Trenton; "Lesions of the Past Year," Dr. Samuel H. McElhaney, of Newark; and "From a Woman's Standpoint," Dr. Laura A. Leadbeater, of Newark. In addition to those mentioned the following were present: Drs. Schuyler C. Matthews and Calvin Erch, of Paterson; Frank F. Wilcox, of Plainfield; Addie J. Holland, of Trenton; John N. Helmer and Charles E. Fleck, of East Orange; Oscar J. Snyder, of Atlantic City; Forrest P. Smith and Helena F. Smith of Montclair; Joseph E. Starr and Ella F. Starr, of Passaic; Nettie J. Whitesell, of Elizabeth; Harry A. Glenn, of Dover; Jose Howell, of Vineland; Marie Anthony, of Camden; Arthur H. Paul, of Hackensack; Theodore Berger and Grace Berger, of Morristown; George Coffey, of New Brunswick; Bernard Callahan and Frederick Williams, of Jersey City; S. Brown Pennock, Alexander Stetson and Edward D. Burleigh, of Philadelphia; Frederick A. Webster, Edward B. Underwood, Carrie C. Webster and Evelyn Underwood, of New York, and Violetta S. Davis, Robert M. Colburn, Edwin W. Tate, John L. McClanahan and Mabel McClanahan, all of Newark.

#### Sioux Valley Osteopathic Association Holds Semi-Annual Meeting.

The semi-annual meeting of the Sioux Valley Osteopathic association was held in the offices of Drs. Gilmour and Gilmour at Sheldon, Ia., Oct. 16th. The day began with the arrival of wide-awake osteopaths full of osteopathic enthusiasm. After a general hand shaking and social chat, the meeting was called to order by President Gilmour.

The first number on the program was a paper by Dr. A. E. Hook on the Cleveland Meeting of the A. O. A., followed by papers by Dr. A. W. Peterson on Epilepsy and Dr. M. A. Hoard on Traumatic Spinal Lesions. The papers were discussed by nearly every one present. The association was then invited by Drs. Gilmour to the dining parlor of the Congregational

Church where a chicken and pumpkin pie dinner was served.

The afternoon session was taken up by reports of the secretary and treasurer and the appointment of committees. The following officers were elected for the ensuing year: President, Dr. A. E. Hook, Cherokee, Iowa; vice-president, Dr. Lena Eneboe, Canton, S. D.; secretary and treasurer, Dr. Ida E. Peterson, Hawarden, Iowa. It was decided not to hold the next semi-annual meeting as every one present expected to attend the St. Louis meeting of the A. O. A. next July. The first Thursday of October 1904, was set for our next meeting, Le Mars, Ia., being the place selected. IDA E. PETERSON, D. O., Sec'y.

#### Celebrated Surgeon Regards it an Impertinence That an Osteopathic Journal is Sent to his Daughter.

As an evidence that prejudice against osteopathy is not confined to the lesser lights of the medical profession, the letter to follow is the point. Dr. Keen is, no doubt, an able surgeon, the position he holds would indicate as much although his high standing in the medical profession is no evidence that he is qualified to judge the merits of a system that he refuses to investigate. The letter though is the thing that indicates that the doctor must possess some feelings toward osteopathy more pugnacious than ordinary prejudice. As a rule, we presume, osteopathic literature sent to physicians without their asking is promptly consigned to the waste paper basket, *but there is no letter to the publisher.* The letter follows:

Philadelphia, Pa., Nov. 18, 1903.

Sir:—I regard it an impertinence that this Journal is sent to my daughter. Hereafter if still sent it will be thrown into the waste paper basket unread before it reaches her hands.

W. W. KEEN,  
Prof. of Surgery,  
Jefferson Medical College.

The Journal above referred to is the Journal of Osteopathy. The particular copy in question was sent out by Dr. D. S. Pennock of Philadelphia, but was returned with Dr. Keen's letter to this office on account of having been mailed in a Journal envelope.

## The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES  
OF THE

AMERICAN SCHOOL OF OSTEOPATHY.

KIRKSVILLE, MISSOURI.

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EDITOR EVANS of the A. O. A. Journal is to be congratulated for the splendid improvement of his publication. He has made it one of high order, second to none in the profession.

\* \* \*

DR. HILDRETH informs us that the St. Louis Sanitarium is now entirely filled and that those who desire accommodations there must make arrangements in advance or else secure boarding places near the Sanitarium.

\* \* \*

EDITOR BUNTING of the "O. P." says he won't play in the back yard of the A. O. A. any more. He has already taken his doll rags and gone home. Will he come back? Is he bluffing? Will the A. O. A. accept the resignation of the "O. P." as its official bulletin?

\* \* \*

DR. S. H. RUNYON of Laredo, Texas, under date of Nov. 9th writes: "Mrs. Runyon and myself have both had yellow fever and have recovered from

same under osteopathic treatment, though Mrs. Runyon is still quite weak. The epidemic here has thus far been of a mild nature only about eight per cent dying, but it is severe enough to prostrate one in a very few days."

\* \* \*

Of course, as it might be expected, the Journal is with Dr. Hildreth in his present controversy with Dr. Bunting of the "O. P." We believe Dr. Hildreth has the best of the argument. We believe also in this instance that Editor Bunting erred as any other man might have done. Mistakes are common to all, but no more so than the human tendency toward self-justification. Nevertheless, let it be said to Dr. Bunting's credit that he has given the profession a newsy, chatty, readable newspaper that is highly appreciated by all members of the profession; he has made a success of an independent osteopathic publication. He deserves praise for his nerve in tackling such a proposition. In our opinion there are but few, if any others in the entire profession, who could have done so well. We sincerely hope that this little difficulty between Drs. Hildreth and Bunting will be good-naturedly and speedily patched up.

\* \* \*

#### That Alabama Fight.

After reading the sensational article, with big headlines, in the November Osteopathic Physician, entitled "Dr. Hildreth Attacks the O. P.," I wish to make a brief reply for two reasons: First, because I feel it just to myself and the profession; and, second, because I would not like to disappoint my friend Bunting by silence.

I am glad Dr. Bunting asks the profession to withhold judgment, and I have only this to say: That, if Dr. Bunting wishes to interpret what I have said, either in the "JOURNAL OF OSTEOPATHY" or "The Journal of the American Osteopathic Association," as to mean "Bunting killed the bill; but for his act osteopathy would today enjoy an independent law in the state of Alabama," that is his privilege. I did not say anything of the kind

in any article of mine. But, what I did say was, "That such useless, unnecessary, uncalled-for mistakes, coming from our own ranks, were ever our hardest obstacles to overcome and that the article in the May Number of The Osteopathic Physician, over Col. Shaw's signature, entitled 'Alabama Medical Law as Passed May be Satisfactory,' was the *greatest* obstacle, in my opinion, in the way of our success in Alabama." There were other obstacles, but that was the greatest. This I said, and I have no apology to offer.

I shall ask Dr. Bunting to publish in the December O. P. (and in his November Number he tells us his columns are always open to both sides) a copy of a letter, over his own signature, written from Soldier, Idaho, dated October 4th, 1903, written before any article of mine had appeared in reference to this matter, and before I had even intimated what I wanted with the May number of Osteopathic Physician, a copy of which together with the July number I had asked him for, then I shall drop this matter, and leave it entirely with the profession to judge after reading his letter whether or not he deserved criticism. Further than this, I refer the entire profession to Dr. Charles Hazzard, of New York City, who was in Alabama during the recent fight, Dr. Ellen B. Ligon, of Mobile, Alabama, Dr. P. K. Norman, of Birmingham, or any other of the Alabama osteopaths who were on the ground to determine whether my statement is correct or not. Again permit me to say, even now, there is not one particle of malice in what I have said, but an honest desire to reach in some way and prevent, if possible, such mistakes in the future.

A. G. HILDRETH, D. O.

#### New York State Meeting.

The fifth annual meeting of the New York Osteopathic society was held in the Waldorf-Astoria Hotel, New York City, October 28, 1903, President Steele of Buffalo called the meeting to order. There was a magnificent gathering of the profession to greet him. His address was instructive to many of us, covering fully

the efforts of a few of the pioneers of the state battling for protection against measures intended to banish osteopathy from New York. His address was a complete *resume* of the present situation as regards legislation and the work that has led up to the present conditions. The osteopaths of the state owe much to the efforts of the two men who have been president of the society, Dr. Helmer and Dr. Steele. There are also several others who did valiant service for the cause in those early days.

The morning session was devoted to business and it was rushed along with a will. Some twenty-five new members were enrolled. Officers were elected as follows: Ralph H. Williams Rochester, president; W. E. Green, Troy, vice-president; H. L. Chiles, Auburn, and Chas. F. Bandel, Brooklyn, re-elected secretary and treasurer. Trustees: Geo. J. Helmer, New York, re-elected; C. W. Proctor, Buffalo, C. C. Teall, Brooklyn. The president and secretary are ex officio trustees.

Delegate and alternate to A. O. A., Dr. Guy W. Burns and Dr. Evelyn Underwood of New York.

The program for the afternoon session was furnished by the Greater New Osteopathic society. It consisted of a paper by Dr. Geo. J. Helmer and clinics by Dr. Burns. A discussion of malpositions of the uterus led was by Dr. Evelyn Underwood. The evening session consisted of demonstrations by Dr. Fletcher of New York and Dr. Hazzard.

There were many visitors from the profession in the state not members of the society and several from other states, as Drs. Banning of Pennsylvania, and McElhany of New Jersey.

No such meeting of osteopaths was ever before held in the East.

Auburn, N. Y. H. L. CHILES, D. O.,  
Secretary.

#### Book Bargains.

Send for new list containing 2,000 standard works at great reduction. Best values allowed for salable books in exchange.

L. S. MATTHEWS & CO.,  
2623 Olive, St. Louis, Mo.

[It will pay you to get this list and prices before buying your books.]—Ed.

#### A. O. A. Meeting Place for 1903.

Dr. A. B. Clark, president of the Buffalo Osteopathic association, informs us that Buffalo will ask for A. O. A. convention for 1905. The city association recently passed a resolution to that effect, and it is understood that the New York State society will support Buffalo's claim for the meeting place of the national association for that year. Other cities known to want the meeting are Denver and Chicago.

#### A. S. O. Will Conduct Mammoth Post-Graduate School in St. Louis Next Summer.

Extensive preparations are being made by the management of A. S. O. to conduct a Post-Graduate School in St. Louis to continue for six weeks, beginning immediately after the A. O. A. convention in the early part of July. This school will be strictly a post graduate one and all graduates of reputable osteopathic schools are eligible to attend.

The following courses will be given:

Obstetrics—Dr. M. E. Clark.

Gynecology—Dr. M. E. Clark.

Surgery—Dr. F. P. Young.

Dissection with daily demonstrations on the cadaver—Dr. F. P. Young.

Principles of Osteopathy—Dr. G. D. Hulett.

A daily general osteopathic and surgical clinic will be conducted by Drs. A. G. Hildreth, C. E. Still, G. M. Laughlin, F. P. Young and others.

The school will open July 11th and close Aug. 20. Post-graduate certificates will be issued to all who complete the work and pass satisfactory examinations. An abundance of clinical material of all kinds is assured as it has already been provided for.

All classes will meet six days each week. Preparations are being made to accommodate between two and three hundred students. A more extended announcement and price of tuition will be published later.

#### The Status of Osteopathy in Colorado.

Judging from the contents of numerous recent letters received by the Journal, we are inclined to the opinion that osteopathy in Colorado is having a much hand-

icapped race in its struggle for success in that state. As is always the case, the difficulty arises not so much from the opposition of the medical profession or from unfounded public prejudice as from incompetence in the ranks of the profession—gross ignorance of osteopathic principles and practice and, in fact, all subjects pertaining to any form of intelligent medical practice, and general fakirism on the part of those unqualified persons who are gulling the public by the pretended practice of osteopathy.

Colorado has a number of good osteopaths, practitioners who know their business and are successful, but the healthy influence for the science that comes from that number is more than offset by the erroneous conception of correct osteopathic practice created by the horde of incompetent exponents and fakirs who practice a jungle of methods from common massage to ordinary baths and rubs under the title of osteopathy, claiming to cure all forms of diseases from a common cold to locomotor ataxia or hip joint disease.

Dr. Geo. J. Helmer, of New York, says in his most excellent article in this issue of the Journal on "Causes for Osteopathic Evils," that incompetence in all its meaning is the greatest drawback to the success of the science. The only remedy for this bad situation in Colorado and other similar states is legislation that requires *competence*. We hope the day will soon come when every state will require a rigid examination on all subjects pertaining to osteopathic practice before license is granted to any one to engage in the practice.

Simply the registration of a diploma from a recognized school is not even sufficient, in our opinion, to secure the highest competence in the practitioners. Let them all be subjected to a fair and thorough examination, and osteopathy will soon occupy a dignified, professional position in every state where it is practiced which is more than can truthfully be said of it at the present time.

In a recent letter from Dr. Chas. C. Reid of Denver, he describes the present deplorable situation in Colorado as follows:

"I believe there are more fake osteopaths in Denver than any other whole state. The profession here in the minds of many people is on level with chiropody, common massage, rubbing, etc., and most any wash woman thinks she can easily take up the practice. It is enough to make one sick at heart almost, who desires the progress and elevation of the science. I would prefer the people knew nothing of it at all than to have the ideas they have. It would be infinitely more easy to build from the ground up than on our present foundation. I do not believe we have as good chance for legal recognition here as we had five years ago. We surely have a long, hard pull here but we are going to do all we can to make things more in the right direction. If you know any new and efficient ways of getting rid of fakes in states where we have no law we would appreciate the information. The education process is counteracted here by several things which I don't care to mention."

In addition to the above communication we quote from a letter written by another Denver D. O., in which he does not place all the blame for the unhealthy osteopathic sentiment in that state upon the unschooled pretender, but a part at least is placed at the door of the graduate who mixes his osteopathic practice with hot air, electrical, vibratory, massage and bathing therapeutical agencies, the ultimate tendency of which is always toward the direction of running things osteopathic down at the heel in general. In quoting the following letter we make no attack on the state association or upon any of its officers or members, but if the contained statement are facts, the state association—if membership in it is to be worth anything or to count for anything—should pay more attention to eligibility for membership, and rules should be adopted, outlining at least in a general way, what constitutes legitimate osteopathic practice. The letter to the editor follows:

"I would like to have you visit the D. O.'s of Denver without their knowing that you were coming or knowing who you were. I think you would find out why we have

no standing here and have not succeeded in getting legislation.

You would see more hot air, vibratory and electrical machines in use than you would osteopathic operating tables.

Yesterday, for the first time, I called on the president of the Colorado Osteopathic association and found him sitting in his reception room; he had a patient in his operating room baking her side for a consolidation of the lung, so he said; another patient came in to be baked for rheumatism.

He took much pains to show me how it was done and also showed me a vibrator with which he claimed to have had good success in treating eye and ear troubles.

The outlook for favorable legislation in Colorado is very poor. In fact the medical bill would have received the Governor's signature last year if it had not been for the Christian Science influence that was brought to bear against the bill. If that bill had passed we would have been at the mercy of the medical board.

We have as members of the Colorado Osteopathic association one who has been a fake D. O. here in Denver for the past four years, one who "went to a school some but never graduated," and numerous mixers. Another sent in an application for membership who is a graduate of a mail course school at Chicago but it has not been acted upon as yet.

Now osteopathically I don't know "where I'm at" here in Colorado. I don't know whether I had better stay in the state association or drop out and have nothing more to do with it. I want to do anything that will help the cause along.

Several of us have had talks about it and have thought that if the A. O. A. knew how things were running here that they might suggest something of value to remedy the situation.

I wish that a delegation from the A. O. A. would come out here and investigate the situation."

#### New A. S. O. Directory.

A new directory of A. S. O. graduates has just been published and is ready for distribution. Same will be sent to any A. S. O. graduate for the asking—all others please send five cents in stamps.

#### Dr. A. T. Still's Visit to Chicago.

Chicago has had an opportunity to do honor to the father of osteopathy, and has risen to it with spontaneous enthusiasm. Dr. Still in the fortnight spent with us was not only lionized by osteopaths but was entertained socially as a distinguished guest.

In the pleasant eve of his life the founder of the Kirksville college and the discoverer of the great science to which it stands as a monument, can compare his lot as a pioneer investigator with that of many of the most famous seekers after Nature's secrets, and know a sense of satisfaction they did not have—that of living to realize the rewards of his labors. Dr. Harvey was dead before the world was ready to recognize that he had revolutionized all preconceived notions concerning the circulation of the blood.

Dr. Still, who has served the world by giving to it the truth which we comprehend under the title of osteopathy, lives to see himself the head of a great and a growing school, received everywhere with esteem, acknowledged a servant and a benefactor of his fellow men.

His Chicago visit, aside from the splendid chance it afforded his followers of showing him the regard in which they hold him, was made notable in a professional way by the attention it attracted to his latest discovery—the physiological fact that the supposedly useless vermiform appendix is an organ with a function. At the reception tendered him at the Auditorium hotel, Dr. Still dwelt in some detail on his experiments in proving to his satisfaction that a function was performed by the appendix. An axiom of osteopathy is that Nature does nothing without cause. Dr. Still never has been willing to believe with the generality of surgeons that this organ was a mere appendage—something added to the body chiefly as an excuse for cutting it open. Assuming that it had a definite and a valuable task to perform he persisted in the study and in the experiments which he is now confident have been crowned with success.

The Old Doctor's visit was of inestimable value in a personal way to all practitioners

of osteopathy in Chicago. He strengthened the cord of friendship between the osteopaths and when he turned his face homeward he left behind him a united profession. All who have been close to Dr. Still know that he is far above professional jealousy. His example, it is sincerely believed, will be followed in Chicago hereafter with such profit that the society will not witness even the slightest of breaks in its ranks.

More than ever after experiencing the light of his presence we realize that in the field of medicine he stands secure, his position unassailable; a man so earnest and true that his life, like his work, justifies itself. One who when reviled answers not with reviling, who forgives his enemies with the same whole heartedness that he loves his friends, must be a great and lofty soul, possessing a philosophy so perfect that the echo of his life must be a benediction for all time. Such is our leader, Dr. Andrew Taylor Still.

He arrived in Chicago on Tuesday morning, Nov. 10, and was met at the Union depot by Dr. F. W. Gage, president of the Chicago society; Dr. A. S. Melvin, trustee of the American Osteopathic association; Dr. J. R. McDougall, Dr. Joseph Sullivan, Dr. Carl P. McConnell, Dr. Almeda Goodspeed, Dr. Clara Miller, Dr. Jessie Willard, Dr. Florence Shove, Dr. Ida Youngquist, Dr. J. A. Linnell, Dr. Roy Bernard and Mrs. Lottie West.

He was taken to the home of Mr. and Mrs. Herman Orschel 423 East 48th street, where he remained in retirement recovering from the fatigue of the journey until Wednesday. On the latter evening the Chicago osteopathic physicians tendered him a reception at the Auditorium. Dr. Still was presented by President Gage of the society. Dr. Still told how he discovered osteopathy and of his early trials and struggles in perfecting the science, but did not tell of his final splendid achievement.

He discussed some of his later work, however, dwelling in particular upon his researches relative to the vermiform appendix. Dr. Joseph Sullivan followed him with a dignified and appropriate address,



after which Dr. Harry Bunting expressed very happily the feeling among osteopaths "which makes all the world akin," Dr. Mab. E. Blake added in behalf of the women practitioners a charming address of welcome. Mrs. Lottie Bernard West recited a poem to Dr. Still, which was received with inspiring fervor. We quote the verses.

Men seem as like as the leaves of the trees  
As alike as the bees in a swarming of bees;  
And we look at the millions who make up the state

All equally little and equally great  
And the pride of our courage is cowed  
Then fate calls for a man who is larger than men  
There's a surge in the crowd, there's a movement  
and then

There arises a man who is larger than men  
The man who comes up from the crowd.

There's a dead hum of voices; all say the same thing

Our grandfather's songs are the songs that we sing  
And the deeds by our fathers and grandfathers done

Are done by the son, of the son, of the son,  
Lo! a call for a man who can make all things new  
Goes down through the throng; see, he arises in view

Make way for the man who can make all things new

For the man who comes up from the crowd.

The searchers for trifles run thither and yon  
The little small days, of small things still go on  
The world seems no better at sunset than dawn  
The race still increases its plentiful spawn  
And the voice of our wailing is loud.  
Then the great deed calls out for the great man  
to come

And the crowd unbelieving sits sullen and dumb  
But the great deed is done, for the great man is come

The man who comes up from the crowd.

For a few days following the reception, Dr. Still was the guest of Mr. and Mrs. D. B. Bernard. On Sunday night a reception in Dr. Still's honor was given by Mr. and Mrs. Orschel. In the next week he was the guest of Dr. and Mrs. J. H. Sullivan and of Dr. and Mrs. Fred Gage. The reception which Mr. and Mrs. D. B. Bernard had planned was postponed out of consideration that Dr. Still had had a long and tiresome trip and in view of the fact that he met many people daily. Dr. and Mrs. Sullivan gave a dinner for Dr. Still Friday evening.

Before leaving the city Dr. Still said that the trip had been of much benefit to him and he rarely had felt better. In every way the visit was memorable.

ROY BERNARD, D. O.

#### Osteopaths Organize In the Fifth District of Illinois.

A meeting of the osteopaths of District No. 5 was held in Champaign, Oct. 24th, in Dr. Hartford's office and an organization formed.

Officers elected were: Dr. Dudley H. Shaw of Decatur, president; Dr. Wm. Hartford, vice-president; Dr. Ella B. May, of Danville, treasurer and Dr. Loretto L. Lewis, of Paris, secretary.

Trustees:—Dr. Cline of Monticello; Dr. Nowlin, of Farmer City; Dr. Martin, of Decatur and Dr. Schmidt, of Danville.

Our next meeting will be held in Champaign, Nov. 28th. Papers by Dr. Hartford on "Typhoid Fever", Dr. Shaw on "Appendicitis", and Dr. Ella B. May on "Uterine Displacements" were read.

We were entertained in the evening after our meeting at the home of Dr. Hartford in a royal good manner.

LORETTO L. LEWIS, D. O., Sec'y.

#### The Past Month in Football.

November is "football" month beyond question, and matters which at other times are ranked higher, fade away into oblivion in the face of how the games come out. Our team has been unfortunate this month in the matter of cancellations by outside teams. Lombard University, Washburn University, St. Louis University and the Denver Athletic Club all cancelling, in at least three instances, owing to fears of a good licking.

On Oct. 31st, the team played C. B. C., which held them to a score of 24 to 17 last year, but this year's game was one procession after another up and down the field for our boys, the final score being 50 to 0, C. B. C. quitting after about ten minutes of the second half had been played.

Owing to Lombard's cancellation, Nov. 7th was an open date which was hurriedly filled with Notre Dame at South Bend Indiana, by wire. Leaving here Friday morning, the boys traveled until Saturday

#### PERSONAL MENTION.

Dr. J. O. Glenn recently located at Cherryvale, Kas.

Dr. Avis Bodle Maxwell has recently located in Rochester, Pa.

Drs. F. J. and Elizabeth Harlan have recently located at Flint, Mich.

Dr. Nellie M. Flory of the last graduating class has located at Ilion, N. Y.

Born—On Nov. 15th, to Dr. and Mrs. S. H. Runyon of Laredo, Tex., a son.

Wanted:—An osteopath at Calhoun, Ky. Address John T. Morehead, Calhoun, Ky.

Dr. Benj. Hoefner has changed his location from Wentzville to Warrensburg, Mo.

Dr. Lenore Kilgore announces the change of her location from Kennett, Mo., to York, Nebr.

Dr. F. J. Curtis recently located at Cairo, Ill. His office address is Cor. of 8th and Washington Sts.

Dr. Nannie Dufur is now practicing at San Diego, Calif., with offices in the Normandie Bldg.

Dr. E. L. Bowman is permanently located at Iron Mountain, Mich., for the practice of his profession.

Drs. J. L. and Mabel M. McClanahan have changed their location from Newark, N. J. to Paola, Kas.

Dr. C. E. Bennett of the last graduating class has changed his location from Calhoun, Ky., to Pensacola, Fla.

Married—On Nov. 26th at Kirksville, Mo., Dr. John Bell of Anna, Ill., and Miss Julia Sohn, of Kirksville, Mo.

Dr. A. E. Braden, formerly of Waitsburg, Wash., announces his new location as 3905 E. 12th St., Kansas City, Mo.

Dr. B. F. Overstreet announces the change of his location from Liberty, Mo., to 1336 E. 8th St., Kansas City, Mo.

Dr. W. Ammerman, formerly of Franklin, Tenn., has gone to Vicksburg, Miss., where he will practice his profession.

Dr. Andrew S. Wiley of Buffalo, N. Y., announces the removal of his office from 208 Niagara St., to 69 West Chippewa St.

Dr. D. W. Starbuck, formerly of Auburn,

morning and went down in defeat Saturday afternoon 28 to 0. As Notre Dame has one of the strongest teams in the West, this score under the circumstances was not discouraging.

An invitation was received from the Madison Square Garden Management to send the A. S. O. team up to New York as a competitor in the series of games which will be held there Dec. 15th to 19th. After considerable correspondence the offer was accepted. This is quite a compliment to the osteopaths, as not only will they meet some of the strongest teams in the East, but they have the distinction of being the only Western team invited.

#### Osteopaths of the Third District of Illinois Hold Meeting at Galesburg.

A meeting was held in Galesburg, Saturday afternoon, Nov. 7th, to organize District No. 3 of the Illinois osteopaths. Dr. Frank Chapman of Galesburg was elected president, and Dr. Pearl Bergland of Galva was elected secretary. A committee was appointed to prepare a program for the next meeting which will be held on New Year's Day in Dr. R. S. Halladay's office in Galesburg. Dr. Chapman extended the hospitality of his home to the visiting osteopaths in the evening.

PEARL HENDRICKS BERGLAND, D. O.  
Sec'y.

#### Announcement.

Having purchased the A. S. O. Book Store we will continue it as formerly conducted with a few changes and will handle the celebrated Von Eschen treating table for which we are exclusive agents. Come in and get acquainted or send us your orders and you will receive every courtesy.

H. B. COOPER,  
Kirksville, Mo.

The A. S. O. Book Co.'s store has been purchased from E. L. Von Eschen by H. B. Cooper, of McComb, Ohio, who was a patient at the infirmary in 1899 and 1900. The above mentioned store is not now nor never was connected in any way with the A. S. O. as the name might indicate. The school, however, has no hesitancy in recommending the new proprietor.

Nebr., was a recent caller at the JOURNAL office. He will locate at Montgomery City, Mo.

Dr. J. O. Bruce, formerly associated in the practice at Creighton, Nebr., with Dr. John DeFox has gone to Hastings, Nebr., to locate.

Dr. C. W. Eells announces his permanent address at 229 Fifth St., Portland, Ore., where he has opened an office for the practice of osteopathy.

Dr. Addie Holland has changed her location from Trenton, N. J. to Bristol, Tenn., where she is associated in the practice with Dr. S. H. Bright.

Dr. Lanra J. Wilson of Urbana, O., has opened an office for the winter at 379 E. Hall St., Tallahassee, Fla. She will return to Urbana in April.

Dr. W. E. Herrick, formerly in partnership with Dr. Bertha E. West at Pontiac, Ill., has gone to Watseka, Ill., where he will practice his profession.

Dr. Frank Heyer and Dr. Laura F. Bartlett, both of the last graduating class have formed a partnership for the practice of osteopathy at Alpena, Mich.

Dr. Sadie Hart Miller, formerly of Norfolk, Nebr., has located at Las Mochis Sinaloa, Mexico. She expects to make the last named place her permanent home.

By an oversight of the printer the name of Dr. S. G. Cluett of Sioux City, Ia., failed to appear in our general directory just issued. His name, however, appears in the list of Iowa practitioners.

Married—At Brooklyn, Ia., Oct. 27th, Dr. C. E. Shifflett of Coffeyville, Kas., and Miss Lena E. Talbott of Brooklyn, Ia. They will reside in Coffeyville where Dr. Shifflett has an established practice.

Married—On Dec. 2nd, at Glasgow, Ky., Dr. Richard Henry Coke of Louisville, Ky., and Miss Mary Walter Canter of Glasgow, Ky. They will reside after Dec. 12th at Louisville, Ky., where Dr. Coke is engaged in the practice of osteopathy.

Dr. R. S. Halladay of Galesburg, Ill., recently moved into his new suite of offices in the Triole Bldg. He is assisted in the practice by Miss A. M. Smith, D. O. and his

daughter who acts as secretary. His new offices are elegantly furnished and the doctor is prepared in every way to take care of a large practice in a first class manner.

We have recently been informed of the death of Senator C. W. Moore of Detroit, Mich., which occurred Aug. 15th last. The JOURNAL regrets very much to hear of the Senator's death. He was one of the staunchest friends of osteopathy in that state in its early struggles for recognition in 1897. He introduced into the Senate the first osteopathic bill that became a law in Michigan. Dr. Hildreth who had charge of the osteopathic interests in securing the first osteopathic law in Michigan writes us that it was largely through Senator Moore's influence and work that the law was passed.

The following graduates of the A. S. O. visited their alma mater during October and November: Drs. S. J. Fryett, Madison, Wis.; Emma C. Fager, Havana, Ill.; Francis Mary Eller, Olewein, Ia.; Sue Ellis, Canton, Ill.; C. E. Shifflett, Coffeyville, Kas.; P. D. Holloway, Elk City, Kas.; James A. Grow, Memphis, Mo.; E. H. Laughlin, Fayette, Mo.; J. M. Smith, Carrollton, Mo.; F. W. Gage, Chicago; Martha S. Ryals, DeLand, Ill.; Arthur Paterson, Wilmington, Del.; D. W. Starbuck, Montgomery, City, Mo.; John R. Bullard, Marshalltown, Ia.; Homer Elsea, Abington, Ill., and John A. Bell, Anna, Ill.

#### New York State Society Remembers the Founder.

Dr. A. T. Still had the pleasure of receiving the following telegram from the New York State Osteopathic society which recently held its annual convention in New York City:

"Your children of the New York State Osteopathy society now in session send love and affectionate remembrance and assurance of loyalty.

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This edition is a 24 page magazine specially designed for use in the field. The December issue is a good one for general distribution.

## DISEASES TREATED.

Osteopathy successfully treats all curable diseases, and many formerly regarded as incurable. In its way it reaches many conditions of hitherto unknown nature, not classed under the ordinary headings of disease.

**Diseases of the Digestive System:**—Tonsillitis; Pharyngitis; Spasm of the Oesophagus; Catarrh of the Stomach and Intestines; Dyspepsia, gastric or intestinal; Gastric Ulcer; Neuralgia of the Stomach or Intestines; Constipation; Diarrhoea; Dysentery; Colic; Cholera Infantum; Cholera Morbus; Appendicitis; Tape-Worm; Peritonitis; Dropsy of the Abdomen; Jaundice; Gall-Stones; Cirrhosis of the Liver.

**Diseases of the Kidneys:**—Bright's Disease; Renal Calculus; Floating-Kidney; Pyelitis; Hydronephrosis.

**Diseases of the Blood and Ductless Glands:**—Leukemia; Anemia; Chlorosis; Exophthalmic Goitre, and other forms of Goitre.

**Diseases of the Circulatory System:**—Dropsy; Pericarditis; Endocarditis; some cases of Valvular Disease; Hypertrophy or Dilatation of the Heart; Angina Pectoris.

**Diseases of the Respiratory System:**—Colds; Catarrh; La Grippe, or Influenza; Laryngitis; Croup; Bronchitis; Asthma; Hay Fever; Pneumonia; Consumption; Pleurisy.

**Infectious Diseases:**—Typhoid, Malarial, Scarlet, and other Fevers; Measles; Chickenpox; Smallpox; Erysipelas; Diphtheria; Whooping Cough; Mumps; Dengue.

**Constitutional Diseases:**—Rheumatism, of all kinds; Rickets; Diabetes.

**Nervous Diseases:**—Paralysis; Convulsions. Epilepsy; Neuralgias; Muscular Atrophies; Somnambulism; Catalepsy; some forms of Insanity; Cerebro-Spinal Meningitis; Apoplexy; Locomotor Ataxia; Neuritis; Sciatica; Facial Paralysis; Vertigo; Nervous Prostration; St Vitus Dance; Writer's or Pianist's Paralysis, and the Occupation Neuroses; Thomsen's Disease; Sunstroke.

**Drug Habits:**—Alcoholism; Cigarette Habit; Opium and Morphine Habit.

**Skin Diseases:**—Eczema; Shingles; Psoriasis, etc.

**Spinal Diseases:**—Curvatures; Old Dislocations, and all Deformities; Lumbago.

**Diseases of Women:**—Irregular, Painful or Suppressed Menstruation; Displacements of the Womb; Leucorrhoea; some forms of Barrenness; Milk Leg; Ovarian Disease.

**Diseases of Men:**—Spermatorrhea; Sexual Debility, or Impotence.

**Some Forms Of:**—Deafness; Blindness; Atrophy of the Optic Nerve; Retinitis; Weak Eyes; Short or Long Sightedness; Astigmatism; some cases of Cataract; Granulations; Discharges from the Ear; Noises in the Ears.

**Tumors and Cancers:**—Many cases of malignant tumor, such as cancer, and of benign tumor, such as fibroids, fatty tumors, uterine tumors, etc., have been successfully cured without surgery.

**Dislocations:**—Of the hip, knee, ankle, shoulder, elbow, wrist, etc.

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

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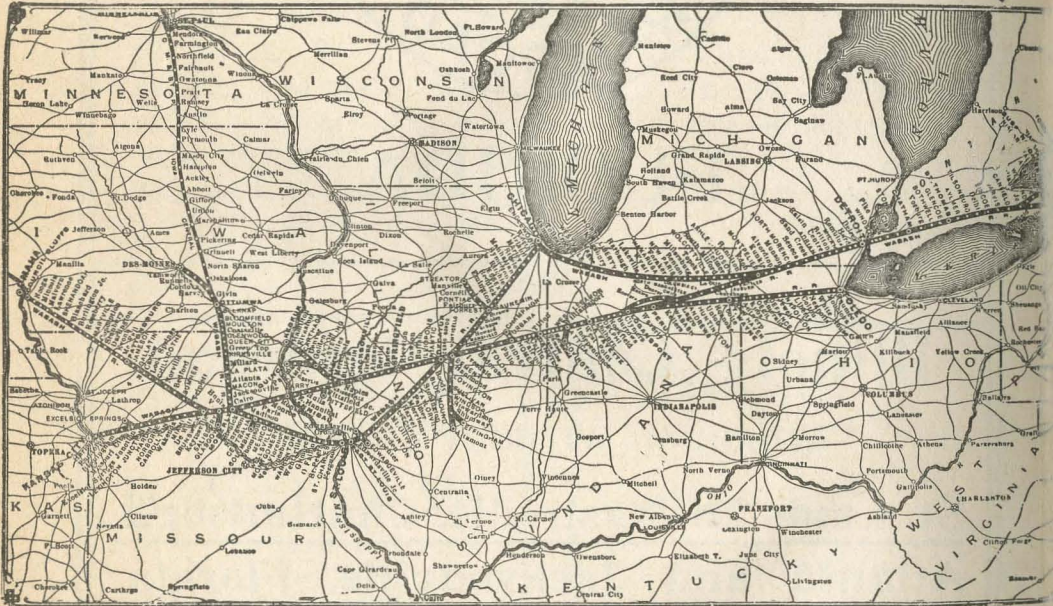
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