

The Journal of Osteopathy

January 1904

Reproduced with a gift from Jane Stark, B.Sc., Dip. S.I.M., C.A.T. (c), D.O.M.P.

Still National Osteopathic Museum ©

May not be reproduced without the permission of the Still National Osteopathic Museum

THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., JANUARY, 1904.

DISEASE PREVENTION.

S. C. Matthews, D. O., Paterson, N. J.

"An ounce of *prevention* is worth a pound of *cure*." This thought was conceived by the ancients and has been handed down from generation to generation through all the ages of the past and yet it is just beginning to be realized that it has a practical application. The truth of this saying has never been questioned or even doubted in the least, but, "how to prevent disease" and "how to take a precautionary step against disease" until it made its appearance—until it made an attack and had the body actually in its grasp were thought until recent years to be problems the solution of which were wholly impossible. However, the past century came bringing with it the greatest thinkers the world has ever seen—thinkers whose penetrating thoughts, turned on every field and on every question, have brought to light facts and possibilities never dreamed of before. Much that was supposed to be impossible has now been found to be possible and herein the elusive and mysterious problem of, "how to prevent or guard against disease before it actually attacks the body," has in some measure at least met its solution.

It was in considering epidemic disease where true progress really commenced. The appalling ravages wrought by cholera and yellow fever in which whole cities were practically depopulated caused a general awakening of scientists and national authorities throughout the civilized world to the supremely important question of how to prevent these terrifying epidemics. The idea that these terrible scourges were dispensations of "Divine Providence" which had held the human mind in its grasp for so many centuries was finally discarded and for the first time in the history of all the world epidemics were considered scientifically from the standpoint of *cause* and *effect*.

CAUSE AND EFFECT.

It was evident that an epidemic was an "effect" and as such it could be "*prevented*" only by finding and removing its "*cause*." Accordingly the search light of investigation was turned on the communities where epidemics had their origin and the result was a revelation. It was found that epidemics

instead of being due to a will of "Divine Providence" were due in fact to a specific poison which was generated in filth.

It was found that dark tenements, without ventilation, without sunlight, without sewers, where people lived more like rats in a hole than human beings, finally became the breeding places of hundreds of millions of poisonous germs which continued to multiply until the whole community was contaminated and then came the reaction of cholera—nature's method of cleansing a foul district.

When it became known that such districts formed the breeding places and nurseries for these poisonous germs, great cities all over the world began taking steps of purification. By building adequate sewers, by compelling sanitary plumbing, by removing at city expense all impurities both of the street and the tenement, by isolating certain diseased patients, by providing pure water and by looking after general health measures and purification in every possible way, a new era was ushered in, in which the ravages of these diseases now is as nothing compared with former times.

Thus it has been fully established that an epidemic is an effect the prevention of which requires only the removal of its exciting cause, and these causes also now are largely known. Thus, too, has demonstration proven that the great problem of "disease prevention" is after all a human problem, a problem of finding and removing these "exciting causes," a problem of correcting "unnatural conditions," problem of learning nature's laws and of fully realizing that these laws are certain, fixed and immutable, and when violated whether ignorantly or otherwise there is a penalty which is inevitable.

A NEW PHILOSOPHY.

While scientists all over the world were searching for the "cause of epidemic diseases" in the unnatural conditions of certain communities a single investigator in a Western city of this republic was searching for the "cause of individual diseases" in the unnatural conditions of the body itself. He had not the support of state or government. His investigations were unknown to the world. He worked alone, unaided, amid circumstances the most discouraging. But his mind was clear, and, for reaching his purpose supremely fixed, and the problem he sought to solve the one great problem of his life. Is it a matter of wonder then that success should finally attend his efforts and that new light should be thrown on the great question he sought to solve? He who reads the life work of Dr. A. T. Still and studies the human body even in a superficial way must see the logic of his reason and the truths of his discovery. Aside from poisons, abuses and heredity what but "mechanical derangements" could act as producing causes of disease in the human body? And where would these "mechanical derangements" affect the body so disastrously as in the spine? These are questions Dr. Still asked himself and his final answer was that "slight mechanical derangements along the spine are the main causes of practically all disease." He has given his life to formulat-

52492

ing and proving the truth of this expression. And yet brief though it is its application has already given health and joy to thousands of earth and it is destined to be a blessing to millions yet to be. It is a revelation and sums up in fact the *real cause* of the vast majority of all diseases.

"The Earth revolves." This brief sentence of three words represents the life work of one of the greatest philosophers who ever lived. And yet after all, truth though it is, how slight its importance, how meager its benefit to humanity as they live struggle and die, amid anguish, pain and disease. Though centuries have passed, the name of Galileo is brighter to-day by far than it was when that great man first announced this truth, when he lived and labored and mingled with men upon the earth.

Will this not be true also of Dr. Still and in a larger sense? Will not his name be written high on the escutcheon of fame, and years and centuries after he has been laid in an honored grave will not this great truth which he has announced be universally accepted? To know the stamp that posterity will place upon his work we have only to know the answer to one question and that is, Is it true? "Is it true that slight mechanical derangements along the spine are the real causes of chronic and other diseases? If this statement which represents the life work of this man is really true, then in future ages humanity will give Dr. Still a praise such as no mortal living or dead has ever yet received. The truth of this proposition means "disease prevention" as well as "disease cure." It means as announced by its formulator, "perfect health until the body is worn out by old age." Perfect health until old age! What greater boon could humanity ask or receive? But is Dr. Still's principle true? We his immediate followers believe that it is. We believe it from the bottom of our hearts. And it is not without reason that we believe. We believe it because we have investigated. And to investigate is to be convinced by demonstration.

While there are doubtless multitudes of honest doubters, still I believe that not one of these has investigated thoroughly—not one understands the construction of the human spine from the standpoint of osteopathy, its intricate mechanism and its relation to the rest of the body.

THE SPINE IS THE OSTEOPATH'S CAMPGROUND.

The human spine is the most wonderful piece of mechanism in all the world in its mechanical formation—its work. Two irregular shaped, hollow bones, are placed one fourth of an inch apart and fastened together by ligaments, a third bone is fastened to the second, a fourth to the third and so on until a chain has thus been formed of twenty-four of these hollow bones—all placed about one fourth of an inch apart. These twenty-four hollow bones, thus fissured together with a layer of soft cartilage between them are placed in an upright position. Frail indeed it would seem, to be the main stay and centre of the body.

On its upper end in perfect balance, this seemingly unstable column holds

the cranium with all the subtle substance of the brain. Hanging suspended from its lower end is the pelvis, wherein is cradled all the mystery of another life. Attached to it in front in its upper part is the heart and the lungs while a little lower down the liver, the spleen, the bowels, the kidneys, the bladder—and all the organs of the body are found hanging to it. Twining about it also is the sympathetic nerve, the aorta and other great vessels of the body. To its sides by twenty-four ingenuous and peculiar hinges are fastened the twenty-four ribs which raise and fall and change their angle to the spine itself and to each other at every breath. While within its hollow centre there passes that wonderful cable of nerves known as the spinal cord—a bundle of electric wires connecting the cells of the brain with all the rest of the body. Thus it is that the spine has within it, resting on or hanging attached to it all there is of the body. Life is built around it. And yet this wonderful spine carrying and supporting all these delicate, complicated living organs is so constructed that now it bends like rubber in any and all directions—now it is tense as steel and now again it sways and moves with “grace sublime.” Oh, the wonders of the spine! But when we remember in addition to all this that blood vessels enter it, and pass out from it, that it grows, that it develops and that scores of muscles and other unmentioned structures are attached to it, we realize that the human spine is in fact a most wonderful piece of mechanism and one of the most vital parts of the body. Vital not alone because all the internal organs are attached to it, but vital because it is the central support of the physical being and the highway of communication between the brain and all the rest of the body.

NERVE FORCE COMPARED TO ELECTRICITY.

We do not know what electricity is. We do know however that it is a power, that it moves along metal conductors transmitting force and intelligence, and though it is as old as the Earth itself, still its very existence and the fact that it could be utilized by man as a means of power and communication are discoveries of comparatively recent years. And yet modern though the discovery of electricity is, its use is now woven so completely throughout the affairs of men that business as we see it to-day could not be transacted without it. Deficiency however in the supply of electricity is a matter of no concern whatever for astronomy teaches us that so long as the solar system shall exist, so long as the sun in heaven shall give off its rays and these shall be reflected back by the planet Earth just so long shall electricity be generated. While deficiency in electricity does not in the least concern the business world to-day still its *perfect conduction* is an all important matter. Perfect conduction is the foundation upon which rests the magnificent temple of its use. And though electric wires have been stretched throughout the body of the commercial world for only a comparatively brief time, still even now chaos follows at once any disturbance in *perfect conduction*. What therefore is sought most today in the electrical world is a method that will insure *perfect* and *undisturbed conduction* of electric currents.

That the commercial world as it stands to-day dependent for harmony upon the perfection of its *electric conductors* is but a rude prototype of the human body is now a well known truth. It is known that the nerves of the body are only electric wires. It is known that the spinal cord is but a submarine cable passing through a watery bed from the brain to different parts of the body. It is known that the brain is a power house where countless dynamos and myriads of cells are at work generating that mysterious force which we call brain energy—a form of electricity. And finally it is known that perfect harmony and perfect health—the perfect activity of every organ and part of the physical being depends upon the perfect conductivity of the nerves connecting the cells of the brain with the cells of the rest of the body.

The matter of supply here as in the world of electricity is a matter of no concern as the amount of brain energy is always abundant while life lasts. But the conductors of this energy their perfection or imperfection—here is summed up practically all there is to know of health and disease. And here is where the work of Dr. Still stands out to-day in such bold relief—a priceless benefit and blessing to mankind for all time to come. He did not discover the wires or the dynamos of the body, but he did reason out and discover those things which disturb the *conductors*. He did reason out and discover where these disturbances *were most likely to occur—how to find them and how to correct them*.

The man or woman who follows in the footsteps of Dr. Still and studies the spine until he is master of it, will find it a foundation of truth for much he seeks to know. Is this spinal joint tightened, drawn or displaced? If so at this specific point the wires are down—messages from the brain are not reaching their destination perfectly and confusion, the forerunner of disease, is rife within the kidneys. Does the patient complain of the lungs, the bowels or the pelvic organs? If so rest assured that the energy from the brain is being deflected from these organs at specific spinal joints.

We know now that gripp, colds, pneumonia and almost the entire list of diseases can be aborted and cut short by the prompt application of Dr. Still's great principle to that specific joint in the spine where the trouble centers. These *specific joints* are to the individual what foul districts are to the community—the precursors of disease. And if city authorities can prohibit the formation of foul districts within the city, and thus largely prevent epidemic diseases, shall we not, with the knowledge Dr. Still has given us, prohibit by careful and close attention, the formation of *unnatural conditions along the spine* and thus guard against and largely prevent *individual disease*?

I feel that we shall. I feel that the length of human life is to be *increased*, and I feel that the work of keeping people well, though now in its infancy, will be the real work of the doctor of future generations. And in this great work he will use *no drugs, no stimulants, no tonics*—none of these things, but he will employ the principles of *osteopathy*. He will **PREVENT DISEASE** in the language of Dr. Still by “*living with the spine constantly before him.*”

NEURITIS.

C. W. Proctor, Ph. D., D. O., Buffalo, N. Y.

Having treated a number of interesting cases of neuritis, and having recently been asked what osteopathy can do for this trouble, I am prompted to write a short article on that subject.

The cases I have treated were chiefly those known as *multiple neuritis*, but the variations of this disease are so great, that a description of one case will not convey an accurate idea of others.

Yet it is true of all that the nerves feel sore when pressure is exerted, they ache a great deal and sometimes the pain becomes intense; the senses of touch and temperature are impaired, and motion may also be affected.

The first case I treated began symmetrically in the great toes and thumbs and extended gradually up the limbs and trunk until the whole body was affected. The sight became impaired and the tongue partially paralyzed, but the progress of the disease was checked at this point, and a gradual recovery followed. This patient had been until a short time before the climax of the disease was reached, under the care of a noted nerve specialist. He having failed to check its progress, osteopathy was tried with the result above stated.

A somewhat similar case came recently under my care. The neuritis followed diphtheria and extended over the legs, arms and trunk. The patient had been treated with antitoxin, and though his life had been saved, he was perfectly helpless. He was first treated by Dr. Root, of Erie, and improved from the first treatment. He was affected by the weather, and would have days when he had less power in his limbs, and yet the gain was, with brief exceptions, continuous. He was able to resume work in about four months.

Another case was that of a lady about 60 years of age. She suffered from neuritis in both arms; the muscles of the breast and back were sore and lacked natural elasticity. Electricity had been tried without benefit for five weeks. The soreness of the nerves was very marked and there were occasionally intense pains in both arms, especially at night. This case began to improve in about a week, and the improvement continued until the patient was able to resume regular employment, when she left the city.

These and other cases demonstrate to my mind that osteopathy is successful in most cases of neuritis. In acute cases where the treatment is resorted to within a few days of the attack favorable results are usually obtained in a short time; but chronic cases, or acute cases which have made considerable progress require considerable time.

Electricity has been much heralded as a cure of neuritis, but cases who have come to me have not found it so. Some have admitted a temporary benefit only.

I have found that with people of a certain temperament, naturally vigorous, a Turkish bath at intervals seemed to aid the treatments. Hot applications have been used to alleviate pain when it became severe, but it seemed

as a rule to have only temporary effect. As it relieved the patient from some of the suffering, it was serviceable to that extent.

Frequent treatment seemed most advantageous when the pain and soreness were great, as relief followed each treatment and indications of permanent improvement soon appeared.

Drugs seemed to be powerless to reach any of the cases, as all have reported no improvement from drug treatment, even under the care of eminent specialists.

I find that sometimes a patient expects us to slip a vertebra or a rib, and in one or two treatments to relieve from all pain and restore the use of affected members. One patient discontinued treatment after one week because I was unable to do so. Many fail to realize that after all lesions are corrected, it takes time for nature to restore natural conditions. The nerves themselves may have begun tissue changes from excessive blood supply and irritation, which time alone can correct.

Another important factor is that the nerve energy of the entire body must not be depleted. Rest and freedom from care or unusual exertion must be had to give the treatment opportunity for best results.

OSTEOPATHY IN PELVIC DISEASES.

Dr. Carl P. McConnell, Chicago.

DURING the past year several very interesting and instructive articles have appeared in the JOURNAL relative to diseases of the pelvis. There is one feature, however, I am desirous of bringing out more prominently, and that is the influence of prolapsus of the abdominal organs as a primal causative factor of uterine, ovarian and tubal disorders.

Unquestionably, the more experience an osteopath has in the treatment of pelvic diseases the less often he will give local treatments. He finds that his patients will get well just as quick, if not quicker, by other treatments than local, and that much of the text-book teachings on local manipulation, stretching, massage, douches, etc., is somewhat superfluous.

However, let it be clearly understood that for intelligent diagnosis and for the work of a surgical character it goes without saying that local work is necessary. But for the general case local interference is not essential, and may not only retard the progress of a cure but, indeed, be harmful.

A large percentage of the treatment for pelvic disorders, of course, surgical cases excluded, is given extraneous to the organ involved, viz., to the spinal nerve supply. The uterus and ovaries may be affected in much the same manner as any other part of the body (again, of course, local injuries excluded). We find that the liver or the kidneys are diseased, in the majority of instances through direct faulty innervation or blood supply, to the same, caused by mechanical interference of the bones, ligaments or muscles. Likewise the pelvic organs are no exception to this rule, and disturbances of men-

struation, inflammation, misplacements, etc., can often be readily traced to an impinged or irritated spinal nerve supply.

In nearly every case of a disturbed pelvic organ that presents itself to the osteopath can be noted an incipient or well developed curvature of the lumbar or lower dorsal spinal column. The curvature may be of any character but usually a posterior or lateral curvature. This accounts for much of the back and thigh pains that the M. D., tells you is all reflex. It, also, is generally the reason why one hip is more prominent than the other, the dress-maker many times first discovers that.

It is self-evident that a curved lumbar spine will readily interfere with the nerve supply, especially the vaso-motor nerves, to the pelvis. What else can result then, but a weakness at some point of the pelvis? Is not the real surprise that more serious troubles do not oftener occur? Dr. Dudley in his recent work on the Principles and Practice of Gynecology cites a case where correction of a lumbar curvature resulted in the cure of disturbed menstruation. This is along osteopathic principles pure and simple. Any osteopath of a few years' experience could cite dozens of similar cases.

This article is not to be a resume of pelvic diseases in general but rather the consideration of an important factor in the cause of these troubles, viz., prolapsus of the abdominal organs. The pelvic organs are so situated and located that weakness of the abdominal organs—intestines, stomach, kidneys and liver in particular—can readily interfere with their health. The uterus and ovaries, as is well known, can be and often are displaced, and become a fruitful source of further symptoms and disorders. The average practitioner whenever he finds the uterus, for instance, displaced will spend much time in local replacement, as a primary treatment, and almost invariably wonders why good results are not obtained by apparent correction of the trouble. Very likely at the same time the organ is congested or inflamed, leucorrhoea present and menstruation painful. And he will advise douches, etc. He still wonders why better results are not forthcoming. If he is a careful observer he will probably note that in a short time after replacement of the uterus and the patient is on her feet again the organ returns to the abnormal position. This attempted work is kept up some time until both physician and patient are thoroughly disgusted and the surgeon is called in to perform a supposed sure cure by resecting ligaments and tissues or by stitching the uterus up to other tissues above. After a few months or sooner old symptoms return, or perhaps they have never disappeared, and the patient is relegated to the realm of the incurables. This is not an overdrawn picture but often quite the reverse. The osteopath meets these cases daily, and in many instances cures them.

Why did not the original physician cure the condition? Did not he correct a main fault when he replaced the organ? The misplaced organ is a very apparent trouble but often it is only an effect. The cause, a weakness and downward tendency of the organs above, has so dislodged and weakened the pelvic organ and surrounding tissues that local work at best can only be a

makeshift. A misplaced uterus is not the only resulting condition probable but inflammation, adhesions and ulcerations of same, as well as displaced and inflamed ovaries and inflamed tubes, etc.

Then the thing to do from an osteopathic view-point, and the osteopath is justified in making these statements for clinical evidence and results supports them, is to first correct the abdominal condition and in most cases the pelvic organs will right themselves. It is well understood that nature is always tending toward the normal, and in these cases all she wants is an opportunity, simply a little help to relieve the crippled condition.

What then is the character and cause of so much abdominal weakness?

Abdominal weakness or prolapsus is often, very often, overlooked. In the first place man's upright position tends to drag or gravitate downward the least tissue or organ that is weakened. Any laxity of the muscles of the abdominal walls favors it, any organ within the abdomen that is congested, weakened or displaced tends to gravitate downward, and spinal weakness of such character that the nerve supply to the abdominal organs (particularly resulting in a dilated or stretched stomach or atonized intestines) is lessened readily results in prolapsus of the organs. Dislocated or floating kidneys are common, prolapsed sections of the bowel are met with every day (especially the bowel down and over the pelvic organs), enlarged livers as well as displaced livers, and prolapsed stomachs as well as prolapsed and dilated stomachs are all of fairly common occurrence. Childbirth, tumors and obesity actually stretch the walls of the abdomen, and in some cases muscular fibres are torn. By no means least, corsets, tight clothes, waist bands, belts, and heavy skirts dragging on the hips, are very common causes. The corset and tight waist band interferes with breathing space, digestion and return pelvic circulation as well. The diaphragm can not descend fully on inspiration, by virtue of compression the abdominal organs are literally squeezed downward and dislocated (this has been verified by actual dissections) and digestion greatly impaired. The compressed waist interferes mechanically with the large veins that return the blood from the pelvis through the liver, and as a consequence the uterus, rectum and contiguous tissues are congested and inflamed, and even the far away heart may be embarrassed by interference of these large return veins. Heavy skirts drag the waist, hips and organs downward still farther. All of this coupled with inactivity, unhygienic attention, etc., makes a very vivid but true situation. This is the condition of case after case that daily enters the osteopath's office. Is there any question that prolapsus of the abdominal organs is an important causative factor in pelvic diseases?

The treatment of these cases is comparatively easy and good results are almost positive. As in nearly all diseases diagnosis of a case is one half the work. It is startling to think how much time has been and is being daily wasted on wrong treatment.

I am confident that direct spinal nerve involvement and prolapsed weakness of abdominal organs is the cause of a large majority of diseases of women.

All of it traceable in most instances to faulty dressing, modes of living, negligence of the calls of nature, and to injuries and weaknesses of the spinal column.

Osteopathy cures these conditions in from a few treatments to a few months. It removes the source of disorder and does not waste valuable time in symptomatic treatment. Local treatment at best outside of lacerations, adhesions, abscesses, tumors and kindred surgical conditions can only be temporary or secondary, nine times out of ten.

Probably in no one line of diseases has osteopathic treatment been more successful than in uterine and ovarian diseases. It has proven its worth beyond the shadow of doubt; it is the treatment *par excellence*.

No one desires less than I do to discourage or censure the good work of local treatment when indicated or to interfere with past excellent work of the pelvic masseur. But there may be a tendency among a few to think that osteopathic treatment must necessarily be local treatment rather than very often the reverse. Like prolapsus and some disorders of the rectum the cause is generally high up and can only be permanently cured by an intelligent understanding of the regional anatomy of contiguous organs.

NEURASTHENIA.

C. H. Stearns, D. O., Washington, D. C.

Neurasthenia is a perverted function of the various organs of the body, with the attending nervous phenomena consequent thereto, and is the result directly of mental and physical exhaustion. It is a general term and may be applied to cases that are suffering with or bordering on other and destructive diseases though no organic disorder may exist. Some forms of hysteria and even a local neurotic condition are met with frequently.

The treatment must necessarily be directed towards the correction of existing deviations of the spine, first and last. In addition, change of occupation or entire rest therefrom, minimum of intoxicants and narcotics or better still none at all, open air and nourishing diet should be recommended and the patient should begin here to make it a habit to eat slowly.

When a lady or gentleman enters my office with a trembling, uncertain step, hollow eyes which impart no idea but that of depression and weakness, nervous, irritable, etc., I look for the characteristic symptoms of neurasthenia as they come from the patient. If any encouragement is offered, the first sign of interest or hope is evident. The first treatment produces good results nearly always. At this time I usually find the spinal nerves very sensitive, indeed have known of deep pressure causing the patient to jump from the table. From the third or fourth treatment on there are occasional spurts of humor as the condition is bettered. Reports of more sleep are heard, and there is less of that tired feeling in the lower back. Indigestion, borborygmus and cardiac palpitation are disappearing and the bowels are becoming regular, the appetite

better, "but doctor, I can not do any work, my brain does not show continuity of thought or expression, can not rely upon my pen, and after trying I am weak and nervous as when I first called to see you." However, those cases vary, some can soon return to their work if indeed they have ever quit it, while others must desist for several months.

The distinctive predisposing spinal lesions I have found most often in the upper dorsal, cervical and lower lumbar regions. (When lower lumbar lesions exist in females, disorders in menstruation are present and must be corrected.) The various lesions with their irritations and interferences cause malnutrition of the nerve cells. It has been the contention that no definite morbid changes occur in the anatomical structures, however, functional activity is perverted. It is excessive from irritation, or there is interference with the fuel for nerve activity and it is retarded. Morbid changes may not definitely exist but with retardation depletion certainly does.

Notice of the foregoing condition of affairs is readily transmitted by the sympathetics to every nook and cranny of the body, and now work and worry usher in the disease.

The vaso-motor nerves always suffer as is shown by hot and cold flashes, perverted sensation at local points. My experience would seem to indicate that the predisposing irritation is located more particularly in three of the spinal regions, the first two cervical, the first two dorsal and the last two lumbar vertebræ. In female cases where there has been some ovarian trouble with tenderness at ovarian center, the spinal sensitiveness is only secondary to the lower lumbar irritation. These cases all respond better to treatment given at the fourth and fifth lumbar vertebræ than to the lower dorsal spine.

In the case of any deviation at sacroiliac synchondroses there must be change in the relative position of the fifth lumbar vertebra, so this region must be classed with the lower lumbar. In some patients mental exhaustion takes precedence over physical. In such the neck lesions are paramount.

When the physical exhaustion predominates the lesions more directly at fault are in the upper dorsal and lower lumbar regions.

The line of differentiation is ever so slight as one condition may be dependent upon the other. We may have, however, a patient suffering entirely from mental strain, lesions confined to the cervical region, and apparently only nervous symptoms, but the other type can not exist alone, though no bony malpositions are present in the neck.

In class one, the atlas and axis are out of line, the cerebral circulation is not normal and the nerves as well are involved. This patient lacks continuity in brain action, power of concentration is weak, at times he has vertigo, occipital headache and heart fluttering, shows great irritability, and frequently wishes to change doctors. He will get well nevertheless if the osteopathist is interested. The man broods because he thinks his brain is failing. Now in class two the patient, who is a physical wreck from bodily strain and his mental strain mostly a sequel, has the various functional disorders. He broods over

his physical condition. When there exists any local pelvic disorder, that is particularly a cause for brooding.

If we have a combination of these two classes our patient is usually a fit subject for a sanitarium and should be abed, for it is a better place to take care of cases of nervous prostration.

The following cases illustrate the different classes of this trouble :

No. I. Male, aet. 55, broker.

Occipital headache, persistent insomnia, pain in chest confined to left side constantly changing its focus and ranging from clavicle to precordia. Indigestion, stooping shoulders, chest contracted and face drawn. First cervical posterior, second and third anterior, second dorsal to right, spine rigid in lower lumbar, second and third ribs on left side approximated.

Musculature in subocciput in hard knotty contraction and very painful. Spine generally stiff and nerves over-sensitive.

Treated two months without any interruption, great gain in health. Away from city one month, treated two months again and discharged cured. He performed little mental work during three of the four months treated.

No. II. Female, aet. 27.

Violent neuralgia at occiput and anterior portion of the parietal eminence, all nerve terminals very sensitive. Patient irritable, at times morose, at least excitement she trembled all over, prematurely grey and forehead deeply wrinkled. Axis posterior, atlas to right, clavicles tight, first and second dorsal posterior, tenderness at first and fifth lumbar, ligaments greatly contracted at sacro-iliac articulation. This patient was treated in all three months, and was practically cured. She has since married and enjoys the best of health.

No. III. Male, aet. 40.

Manager in a manufactory; insomnia, indigestion, constipation, enlarged prostate, hemorrhoids, irritation at neck of bladder, always with a tired weak spot at fifth lumbar and sacrum. First, second, third and fourth cervicals irregularly deviated, upper fifth dorsal anterior, fifth lumbar and sacrum posterior. This man was usually nervous, even breaking down and weeping at times. Lesions corrected except upper dorsal, these latter being still somewhat anterior when he quit. Treated five months continuously when he pronounced himself a well man.

No. IV. Male, aet. 42, commission merchant.

He said he was suffering from "writers's cramp" as every time he picked up a pen to write his hand shook violently and finally cramped so that he was compelled to leave go of his pen.

Suffered from impotency, constipation, frequent desire to stool with no result, pain in lower back. Tension in neck with shortening of muscles so much as to draw the head backwards, spine tender full length. Lesions at second and third dorsal, anterior from ninth to twelfth inclusive, also anterior fourth and fifth lumbar, with sacrum tipped forward at top. Many contrac-

tions in neck made it difficult to examine with accuracy, if there were any vertebral lesions here they disappeared as cervical tissues relaxed. Quit work, alcohol and tobacco. After first month took long walks into the country every morning. Treated for two months, greatly helped, and two months later he came back to report his condition quite satisfactory. His impotency (of six years' standing) remains. I advised two more months of treatment.

No. V. Male, aet. 28. Cashier in bank.

Slipped on iron side walk one year before I saw him and injured coccyx and sacrum with general bruising of adjacent tissues. He traced his condition to this fall. Cramps in both legs, tenderness of buttocks and sacrum, this being also a cold area. Enlarged prostate, seminal emissions and enuresis, cardiac palpitation, headaches, pain back of eye balls. Too nervous to work.

Left shoulder drooped, ribs of left side too low, slight swerve of dorsal spine, fourth and fifth lumbar posterior, sacrum tipped back, coccyx bent in and very tender. Ligaments of sacrum, innominates and coccyx taut and knotty.

The emissions seem in this case to have been from weakness. This symptom was the last to disappear and the deviation in lower dorsal was hardly sufficient to cause this trouble of itself, the swerve at this point was gradual and only slight and I have found most cases of emissions readily traceable to an abrupt anterior condition in this region. The enuresis may have been due solely to the lumbar abnormalities. The various lesions corrected, the patient recovered. Treated for five months, four of them continuously.

I have in my record twelve cases of this class of a year's standing, in two of which no improvement of any note took place within six and eight weeks respectively, so they quit treatment. I advised more treatment, with strict attention to my directions. Ten cases remain in good health and have for the past year, so the cures and benefits are reasonably permanent. Nos. I and II were of the mental type. Nos. III, IV and V are more of the physical, but as is readily seen they lap over to a certain extent one upon the other.

REMARKS ON MECHANOTHERAPY, MASSAGE, BONE SETTING AND OSTEOPATHY.

Under the above rather extensive title appeared an article comparing the different manual methods of treatment included in the title in the New York and Philadelphia Medical Journal of December the 19th. The article was written by John Madison Taylor, M. D., of Philadelphia, and although it is in a measure an endorsement of osteopathy it can be readily seen that it was intended for an attack upon it.

The Doctor recommends all forms of manual treatment when not burdened with the name osteopathy, and furthermore urges his fellow practitioners to learn more of such arts which he admits they are ignorant of, almost to a man, greatly to their disadvantage. He attacks osteopathy and attempts to belittle

it by declaring that it is no better than Swedish movement and massage, that it is similar to them. But like all others who have attempted to advance such argument against osteopathy he shows his inconsistency by declaring the similarity of these various systems and then stating that Swedish movement and massage are good and useful and should be learned by every physician but that osteopathy is bad and dangerous and should be avoided.

He further attacks osteopathy by declaring that it is not new, that the principles underlying it are the same as those underlying other systems that have been in use for ages. His entire ignorance of the subject is in our opinion responsible for his supposition that osteopathy is not a new discovery far in advance of any other system of manual treatment known. He has utterly failed to substantiate his criticisms against the science of osteopathy, but some of his criticisms regarding the claims, abilities and practices of certain members of the profession are certainly in part well founded. As in the practice of medicine there are those in the practice of osteopathy who claim too much, who sometimes do mischief instead of good by their treatment, and who are without sufficient professional knowledge to intelligently conduct a general practice, but none of these things can argue against a science. Extracts from Dr. Taylor's article follow:

"One of the most ancient, reliable, practical, and readily demonstrable of all therapeutic measures is manual treatment—the laying on the hands. The primary instincts may be relied upon to point the way, but are only to be followed to a legitimate or final conclusion when verified. When a child receives a bruise the mother instinctively touches the part, holds it, presses, strokes, and it is relieved. We say the good effect is due to sympathy. To a certain extent this is true; but if that were all, we should tend to make of the child a hypochondriac or hysteric, by continuance of sympathy carried on to petting and coddling. When a man mashes his finger he puts it instantly in his mouth, using warmth and pressure. If his head gets a blow he instantly seizes it in both hands and uses warmth and pressure—both fundamental restorative agencies. If the pain continues after an injury to the leg arm or back, he beseeches someone to rub it for him. By this means he knows that pain grows less and function is more quickly restored. If the joint is damaged, not only is rubbing resorted to instinctively, but active and passive stretchings and twistings are employed. In violent neuralgias the instinct is to press on the course of the nerve, and much relief is experienced. If a finger is knocked out of joint, as often occurs in base ball, etc., the primary action is to pull it out straight, independent of any traditional or authoritative reason for doing so.

"One might carry analogies steadily up to the more complex conditions which are recognized as relievable by scientific manipulations. From these principles defthanded, yet uneducated folk, with good mechanical abilities and shrewd observation, have often gained renown for their power to set bones, readjust structures, and restore elasticity to shrunken or stiffened tissues, thus

relieving disabilities large or small, or pain, or both. For centuries the bone-setters of England have handed down their traditions carefully guarded, and have accomplished good work to the astonishment and annoyance of educated physicians. No one can read Dr. Wharton Hood's book on *Bone Setting* without gaining much valuable and practical information. In this he relates how he acquired by accident the tutelage of a renowned bone-setter which influenced him to study the subject of bone and joint injuries from a practical as well as scientific standpoint. Here and there in the literature of medicine are scattered observations and brochures and books pregnant with valuable information, many of which are neglected. Peter Henrik Ling, soldier, poet, philosopher of Sweden in the early part of the nineteenth century, presented a practical system of remedial movements which forms the basis of most of what is now accepted as authoritative. Travelers in far distant lands among savages and outlanders frequently testify to the restorative effects of empirical methods, the heritage of simple peoples, whereby limbs are repaired and sometimes life restored, by crude but effective agencies, chiefly mechanical, along with heat and cold. Recently all America has had a brilliant object lesson in the value of manual therapy by the visit of Dr. Lorenz.

"The half forgotten, and often unrecorded, lore of many lands furnishes enough, and more than enough, to serve as a text to show that by skill in applying to even simple laws of anatomy and physiology, traditional measures of readjustments, of carefully regulated pressure, of strokings and passive movements, there can be accomplished great relief and often cures where medical skill has as yet signally failed. Why does medical skill thus fail? Why do not educated physicians more generally know and use these apparently simple means which, again and again, even to-day, in our boasted scientific training, they neglect, and yet the patient is often cured by some undeniably ignorant person? The answer is important, because the evolution of great principles depends on a correct reply being made by the physician himself. I do not feel that I can answer, for it will take much thought and time to show why handicraftsmen without a basal knowledge of the principles of medicine are known often to accomplish results in which the learned fail."

"Osteopathy has so far come largely as a surprise and bewilderment to the medical mind and it is the purpose of this brief communication to say a few words on the subject. The writer has been especially interested in mechanical or manual therapeutics for a quarter of a century; he has taught the principles of remedial movements and massage in the first and most important school of the subject in Philadelphia for sixteen years, and has done his best to learn what there is to know of the subject. When the osteopathic "Doctors" appeared he was naturally eager to ascertain what mysteries, with what control over Nature's processes, they were especially endowed. Their literature was eagerly searched, the professors were sought out and the subject approached with an open mind. The osteopathic doctor lays down, as a broad principle, that all, or practically all, bodily derangements are results of disturbances

in the adjustments of the bones, whereby nerves and blood vessels are pressed upon or altered in their relationships, and that thereby innervation and circulation, and consequently sensory and nutritive conditions are altered. He claims a thorough knowledge of anatomy and physiology and a sufficient familiarity with symptomatology and diagnosis. He avers that he can discover the cause of disease by locating the fault in disturbed bony relationships, and that upon correcting these the disorder will cease. His methods involve manipulations directed primarily to this end, and secondarily to the fountains of innervation, chiefly in the spinal areas and other centres, especially those of the sympathetic system. He is fully aware of, but not well instructed in, the significance of mechanical stimulation of vasomotor centres and the consequent alteration in the vasotonus, not only in the larger circulation, but in the lymphatics. His instruction involves a knowledge, sometimes remarkably skilful, of massage and passive movements; hence the impression gains currency among physicians, that he is not only a masseur of exceptional skill and dexterity, but that he can do no harm. The ignorance these men exhibit as to the natural history of disease, and the comprehensive science of pathology, as well as of other essential branches of medical science, must make it clear, however, that their confidence is that of inadequate knowledge of human ailments and lacks appreciation of the perils to be shunned and dangers to be feared; hence they gravely imperil human life by assuming control of any or all forms of acute or chronic disease. They may do irrevocable harm in aiming at one condition and overlooking other more serious states. For instance, a joint is found diseased and the cause may be simple trauma, or it may be latent tuberculosis. Over-energetic measures directed to the joint may readily assist in lighting up a general tuberculosis infection." (It is a part of the osteopath's education to learn pathology and he is just as able to recognize pathological conditions as his critical medical brother. The educated osteopath is well posted on every branch and subject of medical science except drugs. He never employs harmful or over-energetic measures in the treatment of such conditions as tubercular joints. The writer's absolute ignorance of the principles and practice of osteopathy and his evident prejudice against it are responsible for the above criticism, coming as it does from a man who is probably otherwise well informed.) Ed.

"The members of the medical profession should bear in mind that they are themselves exceedingly ignorant in what constitutes high-class massage and remedial movements, few of them having learned the simplest rudiments of mechanotherapy; and that consequently, they are rarely competent critics. In Europe this is not so. Again, in this country we have few of the thoroughly trained masseurs, such as are graduated at the Swedish, Danish and German high-class institutions, where the course is two full years of nine or ten months each. Unfortunately, our local schools of massage turn out graduates after a three months' course, and even American aptitudes can become only superficial in the fundamental branches in so brief a training. Few are con-

scientious enough to carry their studies to an adequate thoroughness; yet a few do so and are then often better than the foreigners. The European masseur finds almost none of our physicians able to appreciate his skill, much less competent to direct him, hence the temptation is for him to practice on his own responsibility. Thereupon, in the minds of many, both of medical men and masseurs, there arises a bitter antagonism based on rivalry. This is not as it should be; they ought to work in harmony, each appreciating the special skill of the other. In Sweden an ordinance exists forbidding any but medical graduates to practice mechanotherapy unless they are also graduates of the Royal Institute, and then only under the direction of physicians. There are in this country a few, very few, schools of gymnastics where the pupils get a good education in anatomy, physiology, and applied hygiene, along with instruction in remedial exercises and free gymnastics. Their graduates are thus capable of exercising a large measure of responsibility in teaching physical culture, but some of these schools make no attempt at training in massage or bodily manipulations.

"The field of manual therapy is practically boundless, and is the prerogative and duty of the educated physician. Most certainly not in the restricted sense that medical men now understand this, but through a knowledge of the sympathetic nervous system and the possibilities of influencing this, especially the vasomotor mechanisms, as is done only in part and imperfectly by the osteopath. Effects, however, can be wrought by these means, and cures accomplished beyond the scope or comprehension of most men. Such large claims as these may sound fanciful, but it is only necessary to point to the array of literature already mentioned and to others growing daily. If the medical profession would take the trouble to read carefully half a score of small books (after revising their knowledge of the nervous mechanisms) and themselves make practical use of the light thus gained, they would feel little hesitation in going forward thoroughly to acquire skill in so practical and valuable branch of therapeutics. They would find daily occasion to supplement their medicines by the use of one or more of the simple, yet useful and well established, devices or procedures, with which the fully educated masseur is familiar. It is not to be expected that the physician could devote the time required by some of the more laborious and continuous, or routine, procedures. He might not be endowed with the strength or dexterity for these, but for the more scientific part he should at least direct and supervise knowingly. He could and should make use of the more delicate manipulations, which are of far greater value. It is a most promising field for research for the experimental physiologist, and especially for the neurologist. The writer has been able, by these means, to accomplish cures of certain acute congestions of the spinal cord which, if he were to publish them in the present attitude of the medical profession, would probably cause him to be branded as a liar. He can afford to bide his time, however, and meanwhile the patients are well."

(If the writer would put aside his prejudice and learn osteopathy he

would be able to accomplish still more wonderful cures; he would be in possession of a science broad enough and practical enough to be successfully applied to almost all diseased conditions. If he knew osteopathy he would know that a slipped innominate will cause sciatica, that a twisted rib will cause pleurisy or even heart trouble, that vertebræ sometimes slip in the neck and produce diseases of the eye or neuralgia. If he knew osteopathy he would know that by the correction of such conditions diseases are often cured and upon explainable, physiological grounds. If he knew osteopathy he would quit calling it massage or Swedish movement.) Ed.

"To give an illustration of the teachings of the osteopathic schools, and to set the minds of the medical public at rest as to the mysterious powers these gentlemen do or do not possess, let the following facts be considered:

"Two men, in no way associated, applied for work in massage recently, one a graduate of Dr. Clodhausen's Institute, in Copenhagen, and one of the Royal Institute for Gymnastics, in Stockholm. The first, after completing his two years' course in Denmark, took a post graduate course of a year in the Swedish School. On coming to America, each, hearing of the marvels of osteopathy, which pretends to proceed on similar lines but with a mystical quality of omniscience, determined to learn this "science." Each one took the full course at Kirksville, the school of Dr. Still and the fountain head of osteopathy, graduating in due course. They both assured me that they learned no facts of importance not already known to them. Such instances can be readily duplicated in the experience of others.

(The above *facts* happened to be *not facts* as there are no graduates from Dr. Still's school who in any way fill the description of the men above referred to. A directory containing the name and location of every graduate from that school was recently published and all are known to be engaging in the practice of osteopathy and are not hunting for work as masseurs. Dr. Taylor goes a long way for his argument when he has to base it on untruths.) Ed.

"In so brief an article it is possible only to refer to certain generalizations, calling attention to the fact that the literature of mechanical therapeutics is of most respectable size, and by authors, in the main, of large scientific attainments and always of wide practical experience, and even if based on pure empiricism, is worthy of respectful attention; but there is a broad basis of physiological fact, of which only the most elementary parts are now formulated. So soon as the attention of medical practitioners and of qualified teachers in medical colleges (as assuredly will occur soon), is directed to this subject, the profession will gain a wide realm of added usefulness to the means of controlling disease. Again, it must not be assumed that mechanical or manual therapy is merely massage and exercises as conceived by the average physician; the scope is by no means confined to passive movements and muscle kneadings, and substitute exercises for invalided folk who cannot move about and

require an hour's rubbing to get the equivalent of a five mile walk, or loosening of the joints contracted by disuse, etc.

The sphere of manual therapy lies in the ability of medical practitioners to influence centres of organic activity by mechanical stimulation through the vasomotor nerves, whereby less or more blood can be sent to parts, according to their need. Not only can this be accomplished, in varying utility with the physiological and other knowledge of the practitioner, but sensory, as well as nutritive effects, are thus wrought, and in so much more accurate, safe, and thorough a fashion, that no one who has once had his attention thus aroused can remain content to omit using these excellent procedures. To be sure, it need not be that well tried and proved remedies and measures shall be abandoned, but in manual therapy, when applied by the physician himself, there is a nice, exact, and prompt agency, far in advance of all other measures for the relief and cure of a wide variety of derangements, not only of the coarser mechanisms, but of the vital organs.

"It remains, then, for medical men to investigate these statements, not to deny them. Drugs are admitted to fail frequently; the recognized forms of balneotherapy and climatotherapy fail; hygiene in its broadest sense, on which so many rely, can often accomplish little; of special rays, etc., much is hoped; but the reasonableness of manual therapy must commend itself increasingly to those physicians who will look carefully into the matter for themselves."

OSTEOPATHIC PEBBLES.

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

Be moderate.

Drug action is inaccurate.

Are you a slave to drugs?

Nature is the supreme healer.

Osteopaths study the body, not drugs.

Osteopathy removes obstructions to Nature's processes.

Osteopathy assists Nature and discards all artificial methods.

Strength depends not on what is eaten but on what is digested. Osteopathy aids digestion.

Competent osteopaths hold the keys whereby the mysteries and forces of Nature are unlocked and utilized against the ravages of disease.

It is pretty hard for those who are wedded to old theories to see how they are to get along without drugs despite the many evidences of their inaccuracy and deleterious effects. Osteopathy "shows" them.

It is neither reasonable nor just to criticise without knowledge of the facts. Go to a competent osteopath for facts concerning osteopathy. Your family doctor is incompetent to advise you about something of which he knows nothing.

If you would not have affliction visit you twice, listen to what it says once. If not today, when? There is no other time like the present to begin osteopathic treatment; it will ward off impending danger and aid you to withstand future attacks of disease. It is far more scientific to prevent disease, than to attempt to supplant it after its invasion of the body.

The philosophy which leads to giving a sick man what would make a well man sick is wrong. Vitality is derived from food, air and water. Drugs are foreign compounds and when introduced into the body they are excluded from the body as such, hence they are not builders of vitality or of tissue.

If osteopathy offered nothing more to suffering humanity than the alleviation or pains of childbirth, it is entitled to lasting praise and should be commended to all mothers. It readily removes inflammation and congestion, hence it prevents the use of the dreaded surgeon's knife and thereby saves reproductive organs, appendices and other important organs.

Osteopathy is awakening the world to a realization that Nature is the benevolent nursing mother of humanity if rightly employed. Sometimes she needs assistance over hard places, but the nearer we keep to her own methods and processes the better. Nature is constantly waging war against disease and osteopathy has given to the world abundant evidence that it is her best helper.

There was never a time since Adam fell and brought sickness, pain, and death into the world, when the tender, conscientious services of Nature's physician were needed more than at the present time. The papers are full of advertisements that recommend this and that medicine as a sure cure for the various ailments of man, yet disease and death stalk stalwartly abroad in very mockery of their claims and in spite of all the medical fraternity can do. It was this vain effort to preserve the bloom and vigor of youth from the ravages of disease that partly gave birth to drugless medicine and knifeless surgery—osteopathy.

Every good thing has its counterfeit. So in the osteopathic field are impostors; those who have purchased their diplomas not by thorough training and efficiency, but for \$25.00, and they prey upon the public and pose as competent osteopaths. Any one can rub, knead, and work the muscles and joints for half an hour but that is no more like osteopathy than barbering is like surgery. Beware of crafty mail course knaves, investigate before hand and learn that the osteopath in whose hands you place the care of your body is from a reputable school, worthy and well qualified, experienced and skilled as well as industrious and conscientious. Osteopathy attributes its marvelous growth to results, and it has been demonstrated to the world that osteopathy is all right if the osteopath who gives it is all right. The difference between the genuine and the counterfeit is that the former finds what is wrong with the human machinery, fixes it and dismisses the patient similar to a dental surgeon, while the latter is both unable to find the *cause*, or to fix it when

found, hence he rubs and kneads the whole body, fails to accomplish beneficial results other than to aid superficial circulation, and the more zealous he is the more apt is his bungling work to be fraught with danger and lasting harm done the patient. Beware.

Adjuncts

A correspondent asks if this JOURNAL endorses the sentiment expressed by a writer in a previous issue who makes use of the phrase "grotesque adjuncts." The position occupied by the editors in regard to so-called adjuncts should be quite well known. At the risk of becoming tiresome the following further expression of views is given.

The physician's duty is concerned with two things, the organism and its environment. His duty in reference to the first is concerned with two considerations, namely, maintaining and restoring the structural integrity, and regulating the conscious activity of the patient. He is without authority to attempt a regulation of function except as it is done indirectly by securing a correct structure or by protecting the patient against abuse of his function by overactivity, underactivity, or perverted activity, either of body or mind; for function is under infinite vital control and hence is infinitely self-regulative under conditions of a normal mechanism through which function is performed, and of a normal environment upon which it is largely dependent. This being true we may analyze the various methods of practice and determine what is legitimate and what is illegitimate.

Electrotherapy is lauded as a helpful adjunct, or even as a part of osteopathy. Will electricity in any form add any essential element to or subtract any non-essential element from the body structure, or be in any material way a factor in controlling the conscious activity of the organism? Only in its surgical aspect, i. e., removal of tissue, which under the circumstances constitutes an obstruction to function, can it be of value. And surgery is essentially osteopathic. As a stimulant, a sedative, or a trophic agent, it aims at direct control of sub-conscious functioning

and hence is illogical. Its use for such a purpose can not be a part of osteopathy. If thus used it is an adjunct, and in the light of experience of amateur and expert alike, as well as from the standpoint of abstract reason, it is grotesque.

The foregoing applies equally to the drug—no more so, no less so. As a stimulant or as a sedative the drug is directed to function. Like electricity it may be surgical. Aside from this use so far as it is directed to the organism it is no better, no worse, no more illogical than electricity. It is merely equally grotesque.

Is the use of water (hydrotherapy) of value to the organism in either of the two respects? As a cleansing agent water removes filth. In so far as it is used in removing fecal impaction the practice is similar to structural adjustment; for impacted feces is a condition equal in importance and effect, and analogous in origin to a secondary lesion, and its use under such circumstances is osteopathic. Its use as a stimulant or as a sedative is an attempt at direct control of function and usually contra indicated. Hence colon flushings, ice water plunges, and similar applications are alike grotesque. There is neither added to the organism an element or factor not already present in sufficient degree, nor is there subtracted any detrimental substance or force from the organism. Neither does its use lessen conscious abuse of function.

The denial of the existence of disease in the method of the christian scientist; the constant reiteration of a series of words or other peculiar action foreign to the normal man in the method of the suggestionist; the attempt at taking from the field of conscious activity the control of any function and placing it in the field of the sub-conscious self, or vice versa, as in the method of the hypnotist: all these are

grotesque. These are directed at function and function is self-regulative. Neither do these stop abuse.

So much for the organism. What of the environment? Drugs may cleanse, they may destroy bacteria, and in extreme cases may neutralize poisons. Hence antiseptics, disinfectants, and antidotes are legitimate. They effect a more favorable environment.

Does electricity make a more favorable environment? Lightning purifies the air. Perhaps here is a field for the sanitation enthusiast. At the present time so far as the environment of the individual is concerned electricity is much less essential to the osteopath than is the drug.

What of hydrotherapy? Water cleanses. If it removes filth from the body—from cutaneous or mucous surface—it makes a more favorable medium for body activity. If it removes the secretions from those surfaces, i. e., sebum and mucous which are normal cleansing and protecting substances, it becomes a detriment to the organism, and is grotesque.

Cheerful company, and a cheerful face of the physician assist in rendering the environment favorable, and are legitimate factors.

Summarizing: Warmth when the body is cold; rest when it is overworked, exercise when underworked; water and drugs when cleanliness is secured; electricity and drugs when surgical conditions present; antidotes where the alimentary canal is fluid with poison—these are legitimate. They constitute the real contribution of the medical practice of the past. They are ours, and they are not to be ignored. But with all these present and ready to hand, abstract reason and practical experience show that the battle against disease has barely begun. Doctor Still has supplied the essential factor lacking—that having to do with the mechanism of the body itself. And experience and reason show that this factor is so predominant and so overshadowing in practical results that it must be continually placed in the foreground as the primary factor for consideration. In the field of environment, i. e., of hygiene and sanitation, are many

more competent than we. Let them work out their problems. What they find of value, to that we are entitled. But for the sake of the preservation of our own system, the essential part of which is a new fact in etiology and therapeutics, and for the sake of a deeper study of a field much more fruitful for physician and patient alike, let us not go wool-gathering picking up here and there practices so little justified by reason and experience as to be advised only with a question mark by the specialists themselves.

G. D. H.

Osteopathic Situation in Michigan.

For the past six months I have noticed but little space given in our journals in regard to Michigan's successful osteopathic meetings, which we are all much interested in; neither have I noticed any expression of welcome in their columns from the older osteopaths in the state to those who have just recently located there. However, I do not attribute this to any fault of the editors, but rather to a combination of circumstances which have grown out of the attitude which the new osteopathic state board and some of the older practitioners in the state hold toward certain members of the profession who located in the state in the months of July and August of 1903. During these two months about thirty osteopaths established themselves in Michigan, with an understanding obtained from legal authority and from many of the osteopaths who were instrumental in procuring the new law, that any one in actual practice in the state prior to Sept. 17, 1903, and holding a diploma from a reputable school of osteopathy would not be subject to the requirements specified in the new law, further than they should make application, and on payment of \$5 00 receive a certificate of registration the same as other D. O.'s in actual practice in the state.

After the appointment of the state board, which the new law provides for, Dr. Williams, secretary of said board, put a new construction on the law in his article in the Osteopathic Physician wherein he stated that all osteopaths entering the state after May 28, 1903, would have to take the state

examination.

Dr. Williams was a little slow in announcing this as most of the D. O.'s to whom his ruling would apply were already well established in practice at the time of his announcement. However, it was the means (saying nothing of the intention) of keeping many good osteopaths out of the state who would have been a credit to the profession.

Many of the osteopaths both old and new at once questioned Dr. Williams's construction of the law, the criticism being that it was contrary to the intent and meaning of the law.

Great difference of opinion seemed to prevail so it was suggested that the matter be referred to the attorney general for his opinion. Secretary Williams then wrote Mr. Blair, the attorney general, for his decision and received the same. But as it did not agree with the board's ruling it was ignored. The board remained obstinate and insisted on an examination. Why the board has refused to act in accordance with the attorney general's decision is more than we have been able to find out. Several of the osteopaths have taken the examination, but the majority think that the board is asking something that the law does not require and, consequently, they have refused to take the examination, preferring to abide by the attorney general's decision.

A second examination was set for December 9th and 10th, and again the board was disappointed as only one took the examination. Those who refused to take the examination sent in their applications with fees for certificates of registration. The board refused to grant the certificates with the understanding that they would not do so until the supreme court demanded it. Hence, as a decision of the supreme court seemed to be the only solution to the case, the new osteopaths arranged at once to mandamus the board and surrender the case to the supreme court, wherein the matter must now be decided unless the board should see best to adjust matters before hand. Many of the older osteopaths in the state are in sympathy with this action, but the position some have taken on this matter who have recently been blessed with a competitor is amazing.

Michigan is by no means overflowed with osteopaths of the right kind—we need more of them. I think there should be a provision made in regard to that clause in the new law which requires a three years' course. All osteopaths should be eligible to locate in Michigan who had entered school on the two year plan prior to the passage of the law and who could comply with all other requirements.

I herewith append the decision of the attorney general which was received by Secretary Williams.

A. D. GLASCOCK, D. O.

Marshall, Mich.

NOVEMBER 25, 1903.

DR. FREDERICK H. WILLIAMS,
Sec'y. State Board of Osteopathic Registration and Examination, Lansing, Mich.

DEAR SIR:

I am in receipt of your letter of the 28th of July, requesting an opinion as to the proper construction of that part of section 2 of Senate Enrolled Act No. 113 of the Legislature of 1903, which provides that "any person engaged in the practice of osteopathy in this state at the time of passage of this act, who holds a diploma from a regular college of osteopathy as determined by the board, and who makes application to the State Board of Osteopathic Registration and Examination before January first, nineteen hundred four, upon payment of a fee of five dollars, shall receive a certificate from the board without examination." The subject of controversy is whether the words "at the time of passage of the act" as used in said section, relate to the date of passage of the act, or to the date when under the constitution it becomes a law.

The act in question was approved May 23, 1903; but was not given immediate effect. Section 20, Article IV of the Constitution provides that: "No public act shall take effect or be in force until the expiration of ninety days from the end of the session at which the same is passed, unless the legislature shall otherwise direct by a two-thirds vote of the members elected to each house." Under this provision the act will become effective September 17th next.

A statute passed to take effect at a future day is to be understood as speaking from the time it goes into operation, and not from the time of its passage. (Price vs. Hopkin, 13 Mich. 318; Rice vs. Ruddiman, 10 Mich. 125.) In the latter case the court, speaking of an act not ordered to take immediate effect, said: "It took effect in May 1859, and must be understood as be-

ginning to speak at the moment when it became a law, and not before. *It must have the same construction as if passed on the day when it took effect, and directed by a two-thirds vote to take immediate effect.*" Grant vs. City of Alpena, 107 Mich. 335.

The application of these rules to the construction of the act in question could not but result in the conclusion that the words of section 2 must be understood as meaning the time of the taking effect of the act and not the time of its passage.

A similar question to that here presented was considered by the supreme court in Osborn vs. Charlevoix Circuit Judge, 114 Mich. 655, where the court, referring to the provision contained in Act No. 151 of 1897, which was not given immediate effect, that "all nets bought after the date of the passage of this act shall be of the size prescribed herein," said: "We cannot hold that this provision became effective before the act became a law under the Constitution."

The decisions of the courts of other states also sustain this view. In State vs. Demis, 45 Neb. 729, a provision in an act of the legislature for the appointment of a board of fire and police "within thirty days after its passage," was held to mean thirty days from the time when the act took effect as a law, viz., three calendar months after the adjournment of the legislature.

In Harding vs. People, 10 Colorado. 392, a provision authorizing the state board of medical examiners "within ninety days after the passage of the act" to receive application for certificates and examinations, was held, in the absence of an emergency clause, to be capable of but one meaning, namely, after the act went into effect, which under the constitution of that state was ninety days after its passage.

In Charless vs. Lamberson, 1 Clark (Iowa), 442, a statute for the protection of homesteads, which made them liable for all debts contracted prior to its passage, was held to mean, prior to its taking effect, although that period was some time after its enactment.

This case is cited with approval by Justice Cooley in his opinion in the case of Price vs. Hopkins, 13 Mich. 327.

In Ex-parte Lucas, 160 Missouri 218, an act of the legislature creating a board of examiners for barbers, and making it unlawful for certain barbers to pursue the occupation of a barber unless a license was procured from the board "within ninety days after the approval of the act," was before the court. It was there held that the words "within ninety days after the approval of the act" must, in the absence of an emergency clause be understood under the constitution to mean ninety days after the act can and does constitutionally take effect, this, at the ninety days within which the

licences were to be obtained did not begin to run until ninety days after adjournment.

No doubt the legislature possessed the requisite authority to give to any part of the act in question operation and effect prior to the expiration of ninety days from the end of the session by a two-thirds vote of the members elected to each house. The journal of the House of Representatives (p. 1600), however, shows that in the House the measure upon its final passage received sixty-three affirmative votes, and the journal of the Senate (p. 1107) shows that in the Senate twenty-three affirmative votes were recorded. It appears therefore that while in the Senate the act received a sufficient number of votes to give the same effect prior to the expiration of ninety days from the end of the session, yet in the House it lacked four votes of the required number.

In view of the previous decisions of the supreme court, I can not avoid the conclusion that the court would construe the words of section 1 under consideration, to refer to the time when under the Constitution the act becomes a law, rather than to the time of its passage.

I therefore am of opinion that the words "at the time of passage of this act" as used in section 2, relate to the time when under the Constitution the act becomes a law.

Yours respectfully,

CHAS. A. BLAIR,
Attorney General.

Erie Osteopathic Association.

A few of the osteopaths of Erie, Pa., met Dec. 1, in the offices of Drs. Root and Sweet and organized a local association to meet monthly for the purposes of mutual benefit to be derived from reading of papers and in the discussion of such diseases and cases which by reason of successes or failures are chosen to make an exhaustive study of; in improving the methods of conducting the business; in promoting a more fraternal spirit; and in raising the standard of the profession in the vicinity and in general.

The following officers were elected for the coming year:

Dr. J. A. Root, pres.; Dr. Emogene M. Earhart, vice-pres.; Dr. S. R. Love, sec'y.; Dr. E. G. Caffisch, treas. Executive Committee; Dr. B. W. Sweet, Dr. J. P. Bashaw, Dr. Ollie A. Lynn.

The first Tuesday of each month is the time set for the meetings and any practitioners passing through the city will be welcome to meet with us.

S R. LOVE, D. O., sec'y.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE

AMERICAN SCHOOL OF OSTEOPATHY.

KIRKSVILLE, MISSOURI.

Subscription, - 50cts per year in advance.

CONTENTS—January, 1904.

DISEASE PREVENTION.....	1
S. C. Matthews, D. O.	
NEURITIS.....	6
C. W. Proctor, Ph. D., D. O.	
OSTEOPATHY IN PELVIC DISEASES.....	7
Carl P. McConnell, D. O.	
NEURASTHENIA.....	10
C. H. Stearns, D. O.	
REMARKS ON MECHANOTHERAPY.....	13
OSTEOPATHIC PEBBLES.....	19
J. F. Spaulhurst, D. O.	
EDITORIALS, PERSONALS, ETC.	

DES MOINES AND DENVER—and more to follow.

**

THE American School of Osteopathy has absorbed the S. S. Still College of Osteopathy at Des Moines, Ia., and the Colorado College of Osteopathy at Denver, Colo.

**

ABOUT the smallest thing any physician can do is to solicit, either directly or indirectly, the patients of another physician practicing in the same city.

**

BISHOP McCABE of Omaha recently made the A. S. O. a very pleasant visit. Upon the invitation of the Old Doctor the Bishop addressed the students in the afternoon in North and Memorial Halls. His speech was greatly enjoyed by all who heard him and the event was one that will long be remembered. His visit here was occasioned by Mrs. McCabe who was at that time under treatment at the Infirmary. Both the Bishop and Mrs. McCabe are highly pleased with osteopathy and are very enthusiastic in their commendation of the new drugless science.

**

THE Missouri Osteopath, a Journal for the promulgation of the pure osteopathic principles, is the latest publication in the

osteopathic ranks, its initial number appearing in December. This Journal is edited by Dr. Chas. E. Boxx, of Plattsburg, Mo., and is apparently the organ of the Central College of Osteopathy at Kansas City as most of the articles are contributed by the members of the faculty of that school. The initial number is a good one, and if the future numbers of this Journal continue as good there is no reason why this publication will not meet with success. THE JOURNAL OF OSTEOPATHY welcomes the Missouri Osteopath into the field of osteopathic journalism and wishes it success.

**

ELSEWHERE in this Journal will be found a communication from Dr. A. D. Glascock of Marshall, Mich., concerning the position the State Osteopathic Board of Michigan have taken in regard to the new law in that state. Together with Dr. Glascock's article will be found the opinion of the attorney general of Michigan in regard to the time that the Michigan law became operative. It seems that the members of the board have, for reasons known best to themselves, ignored the attorney general's opinion and are demanding an examination of all osteopaths who located in Michigan since the 28th of last May, the attorney general holding that the board could not require an examination from applicants who desired licenses to practice osteopathy unless said applicants began the practice in the state subsequent to ninety days after the 28th of May, the time the act was approved by the governor. We are at a loss to know why the board should take such action as it has in this case. It seems to us that it is up to the board to explain that such an action was not intended for a "freeze out." It will be remembered that the new osteopathic law in Michigan requires of every osteopath who desires to begin the practice in that state subsequent to ninety days after the passage of the law (said law having been approved the 28th of May, 1903) not only an examination for a license, but an attendance of three years of nine months each before graduation in some reputable osteopathic college before he is eligible to take the examination. We are informed from legal authority that it is questionable

whether this law can apply to osteopaths who entered school on the two year plan prior to the time of the passage of this act requiring three years' attendance.

The following clipping taken from the Detroit Free Press may throw some light on the subject:

"The supreme court today granted an order requiring the newly created state board of examiners in osteopathy to show cause on January 5, why it should not issue to Dr. David A. Mills, an osteopath of Ann Arbor, a certificate to practice his profession upon the presentation of his diploma of graduation. The secretary of the board has refused to issue certificates without an examination, the law providing that osteopaths who do not make the proper showing within ninety days from the passage of the law shall be required to take such examination. The secretary of the board has decided that these ninety days had expired when the law took effect in September, and that all osteopaths must undergo the examination. The attorney-general, it is understood, has held that the law was not passed until it took effect, within the meaning of its terms, and it is doubtful if the state will defend the board in its position. If certificates are granted upon presentation of diplomas the fee is \$5, but, if an examination is had the fee is \$25."

* *

At a recent date the trustees of the American School of Osteopathy bought the entire capital stock of the S. S. Still College of Osteopathy at Des Moines, Ia., and are now in full control of that school. It is the intention of the management of the A. S. O. to conduct both schools as heretofore with but few if any changes of the faculties or present management at either place, at least, for some time to come. The idea of merging the two schools is impracticable at the present time, although such a proposition may be entertained at some time in the future. Both Kirksville and Des Moines will matriculate new classes in February on the two year plan as heretofore. The Colorado College of Osteopathy, formerly known as the Bolles Institute, has followed

in the footsteps of Des Moines and arrangements have been completed whereby that school will be merged with the A. S. O. The school at Denver will continue until next June at which time it will close its doors and the remaining students will complete their course at the A. S. O. It is not the intention of the school at Denver to accept any new students in February. The large and profitable practice of the Drs. Bolles to which they desire to devote their full time is the principal reason why they desired to quit the school business.

* *

THE trustees of the A. O. A. have accepted the resignation of Dr. Bunting's Osteopathic Physician as its official organ. This resignation was brought about by a controversy growing out of the Alabama affair between Drs. Hildreth and Bunting, and now the Osteopathic Physician is demanding the resignation of Dr. Hildreth as chairman of the Legislative Committee—an attempt which we believe will be met with disappointment. Dr. Hildreth will not resign; his friends are too numerous to allow him to even if he should desire to do so. Dr. Hildreth is a wheel-horse, a veteran, a friend, and in a voting contest, if one should ever occur, to be settled by the profession, between him and the editor of the Osteopathic Physician, the "Statesman from the Chariton" would run like a barrel down hill. Now, gentlemen, let us have no more of the Alabama affair, the profession is tired of it. And Brother Bunting, hereafter keep sweet.

* *

The contents of the December number of the Osteopathic Physician came as a surprise and disappointment to many members of the osteopathic profession in which appeared the acrimonious personal attack against Dr. Arthur G. Hildreth of St. Louis by the editor of that paper, Dr. Henry S. Bunting. We are quite sure that this uncalculated assault will be as much regretted by the friends of the editor of the Osteopathic Physician as by the friends of Dr. Hildreth. The editor of the Journal of Osteopathy has always recognized in Dr. Bunting a clever writer and a successful gatherer of osteopathic news, and we have frequently commended him and wished him success in his

publication enterprises, but when he sees fit to cross swords with Dr. Hildreth, a man who has devoted the past ten years of his life to the good of the cause, a man whose every effort for the advancement of osteopathy has been a conscientious one, a man who by his own efforts has done more to secure favorable osteopathic legislation than any other man or ten men in the profession, a veteran, a man that is loved and respected by the entire profession, we believe he has made a mistake and one that he himself will feel keenly. The acts of every man are subject to criticism—sometimes criticisms are just, sometimes unjust, sometimes they are given in good judgment, sometimes in bad judgment, sometimes they come from a heart sincere and without malice, sometimes they come as a malicious personal attack. Without going into the merits of the case we believe that the Osteopathic Physician erred in burdening the profession with an extra edition trade against Dr. Hildreth for the purpose of attempting to establish something that no one but the editor of the Osteopathic Physician cares much about. To begin with we do not believe that Dr. Bunting when he published Col. Shaw's letter had the slightest idea that any mischief would ever come from it. In the second place we do not believe that Dr. Hildreth's criticism of Dr. Bunting's unintentional error, which any man under the circumstances might have made, was calculated to or did in any way injure Dr. Bunting in his business or in his reputation. The whole profession knows Dr. Hildreth, his criticism of the Osteopathic Physician was without malice and had its editor not resented it he might have profited by it, at least, had he sought to justify his action he could have replied in good nature, he could have presented his argument without making a personal attack upon a man whose motives are too well known to be questioned.

The Promise of the New Year.

Once more the hand of time has reached up and torn a leaf from life's calendar. At the parting of the ways, when the dying year is supplanted by the new, we should look back over the past twelve months and consider how the progress we have accom-

plished as well as the mistakes we have made can be turned to advantageous use during the year to come.

Our profession has little to regret and much to be proud of in the work of the past twelve months. Like every other year since the birth of osteopathy, 1903 has been marked by wonderful progress in our profession, not alone in its science, but also in the favor with which it is being received throughout the country. From every section come cheering reports of increased practice, of better results and of growing popular approval. Graduates who have visited their alma mater during the past twelve months corroborate these statements. Members of the two classes which received their diplomas this year are with scarcely an exception enjoying profitable practices.

In our struggle for legal recognition we have to accord osteopathy's sole setback in the defeat in Alabama of the effort to secure a more satisfactory bill. While unfortunate, this defeat is by no means significant. It does not indicate any lessening in the growth of osteopathy. The bill met with most determined opposition, which resulted in its defeat after a stubborn fight. From Alabama comes the news that the bill will be brought up again at the next session of the legislature and aided by past experiences and cognizant of the difficulties which wrecked the bill before, a successful outcome is sure to result. Outside of Alabama, there was little done in legislative halls as 1903 was an off year in most of the states where recognition or new bills are desired.

The close of 1903 was made memorable in the annals of osteopathy by the announcement of the purchase of the S. S. Still College of Des Moines by the American School of Osteopathy.

1903 was also marked by the establishment of the A. T. Still Sanitarium in St. Louis. An avowed experiment, its success or failure meant much to osteopathy. It is a pleasure then to note what most of our readers already know, that its success was almost instantaneous, a success which has grown greater with each succeeding day. In connection with the sanitarium, a summer school was established which likewise met with such success that plans are already in

prospect for a school next summer which will be mammoth in its proportions.

With such a record in the past year a record fraught with unostentatious successes, but none the less important, we can look forward to 1904 with a degree of confidence never before surpassed. Osteopathy in all its aspects stands on a firmer foundation than at any time in its history. But with all our success, let us not be too easily satisfied. Much as has been done, there still remains more to be done. This is the year for elections all over the country. Bend every energy, exert every influence to secure as representatives in every branch of the government men who are favorable to osteopathy. If new bills are desired in any state or recognition is desired where it does not already exist, do not let matters rest until the time of actual battle rolls around, but start in now to lay your lines, to strengthen your fences so that when the time does come your success may not be a matter of possible doubt but one of actual certainty.

Let us all work together to make 1904 our banner year. Its promise bids fair to surpass all previous ones in brilliancy, but let us not be content to allow matters to shape their course but let each and every one resolve to use their best endeavors to advance osteopathy's standard to heights hitherto unattainable.

The Old Doctor Gets First Certificate.

The following letter from J. H. Crenshaw, D. O., of St. Louis, Secretary of the Missouri Osteopathic Board was recently received by Dr. A. T. Still and the honor conferred by the new board is much appreciated by him:

"I have the honor to transmit, under separate cover, the first certificate issued by the Missouri State Board of Osteopathic Registration and Examination. At a meeting of the board held in Jefferson City on September 21st, last, the following resolution was adopted:

"Recognizing the fact that Missouri bears the proud distinction of being the birth place of osteopathy, it should be and is the avowed policy of this, the first Missouri State Osteopathic Board of Registration and Examination, to conform strictly to

the law so that the high standard due osteopathy may be reached and maintained.

Since the law requires that all who practice osteopathy in this state shall secure licenses from the State Board, and a list of those so licensed be recorded, it is the unanimous sense of this board that the list so recorded be headed by the distinguished and honored founder of osteopathy, Doctor A. T. Still.

The board desires to extend its best wishes for your continued good health and prosperity."

Christmas at the A. T. Still St. Louis Sanitarium.

The management of the St. Louis Sanitarium joined with the patients in making Christmas day an old-time home-like occasion. Following breakfast at 8 a. m. all the patients who were able adjourned to the parlor where a beautiful Christmas tree was waiting that cheered the hearts of all. It was running over with a great many very nice presents as well as a number of funny ones. An hour and a half was spent here, after which all the patients sought their rooms and rested until one p. m., at which time dinner was served. Then another hour or two was spent in the parlor with music and jokes and pleasant chat. At the close of the day many of the patients came to us and said, "This has been as happy a Christmas as I have ever spent in my life."

We are glad to again report the sanitarium full to its limit. Rooms are now engaged thirty days ahead, and the outlook from every standpoint is very flattering. Our office practice in connection with the sanitarium is assuming splendid proportions.

A. G. HILDRETH, D. O.

The A. O. A. Convention at St. Louis, Mo., 1904.

The local Osteopathic Committee in conjunction with the trustees of the A. O. A., have selected the "Inside Inn" as the official headquarters for the National Osteopathic Convention, to be held in St. Louis, July 5th, 6th, 7th and 8th, 1904. This hotel is located within the World's Fair grounds. The local committees have arranged with the hotel management to mail to every os-

teopath a booklet, which will give full information as regards rates and how to reserve accommodations now. The committee earnestly urge that each osteopath secure rooms at once. Read this booklet carefully. Keep it as your guide. It answers all questions as regards accommodations and arrangements. You will find an application blank in front of this booklet. Tear it out, fill it in and send it in. \$5.00, not checks, must accompany your application to engage rooms. You should not blame any one but yourself if you fail to get accommodations when you arrive. Please bear in mind the large crowds that will be in St. Louis this year, so help the local committee to make their work easy by doing your part. You are all coming to St. Louis to the Convention and the Fair, so secure rooms now. Should any one fail to fully understand the contract or requirements of the hotel management, you can get further information from the "Inside Inn" people, or from either Dr. W. H. Eckert, 657 Century Bld., Dr. Homer E. Bailey, 203 Odd Fellow's Bldg., or Dr. A. G. Hildreth, 803 N. Garrison Ave., all of St. Louis, Mo.

P. S. You can also secure the same accommodations for your osteopathic friends for this week, so that they may be present on July 7th, which the World's Fair has set apart as "Osteopathy Day."

ARTHUR G. HILDRETH, D. O.,
Pres. Local St. Louis Association.

W. H. ECKERT, D. O.,
Chm'r. of Committee on Arrangements.
HOMER EDWARD BAILEY, D. O.,
Chm'r. of General World's Fair Com.

Two Conversations.

(REPORTED NEARLY VERBATIM.)

Dr. J. "How do you do, Mrs. H.?"

Mrs. H. "Not very well, doctor, I haven't been very well for about a month. Such a dreadful cold."

Dr. J. "Why don't you come down at my office and get some medicine that will fix you up?"

Mrs. H. "I am taking treatment from an osteopathic doctor."

Dr. J. (with look of disgust) O! Aw! Say you are taking massage."

Mrs. H. "No, I wont, doctor. I have taken massage, and this is nothing like it."

Dr. J. (laughing in her face) "Say you are taking Swedish movement."

Mrs. H. "I wont, doctor, I am taking osteopathy."

Dr. J. "Well, now, look-a here; there are lots of fads in this world—there is Dowieism, and osteopathy, and Christian Science—"

Mrs. H. "Some of my best friends are Christian scientists, doctor, and I wish I could be. I'd have less use for you, sir. But I never could believe that grass was not green and the sky not blue because I only imagined them to be so. My pains are too material, anyway. But osteopathy I believe in."

Dr. J. "Go along, take treatment from your osteopath, if you like, for some unmentionable disease, I suppose."

Mrs. H. "Shame on you. It is indigestion I am being treated for."

Dr. J. "Well, go along; and when you get tired, come back to me and get some medicine."

Mrs. H. "I'll never have to go back to you, doctor."

Dr. J. "Say, will you stand up for me like that?"

Mrs. H. "Course I will, you are the dearest old blockhead that ever was. You never want to let any thing new have a chance."

Dr. J. "There are lots of clever people,—who take up every fad, but don't let them mislead you."

The doctor walked away, with a scornful laugh, but turned and came back and said, "Say, hadn't you better go barefoot in the morning? That is one fad you didn't mention."

Mrs. H. was curious to see what another doctor, who was attending her brother would think of the matter, so broached the subject.

"Doctor, I am taking treatment from an osteopath."

"Osteopathy is all right for some things, but they claim to be able to do a great many things that they can not do."

"But, how about the medical doctors, doctor, don't they claim a good deal that they can't do?"

"O yes, lots."

"I am glad to see you so fair."

"They are so young that they have lots to learn yet."

"And you are so old that you have lots to learn. Isn't that so?"

"O, yes, I guess it is."

These two conversations were held with her two old family physicians by a lady who reported them to me as nearly verbatim as her memory would serve. They illustrate the fact that there are doctors and doctors, and that the situation is not without its humor. E. E. TUCKER, D. O.

Sixth Annual Meeting of the Osteopathic Society,
Chittenden Hotel, Columbus, Ohio, January
9, 1904.

PROGRAM.

MORNING.

10:30—Reports.

11:00—The Liver; Its Relation to Disease,
Dr. C. C. Hazard, Washington C. H., O.
Discussion opened by Dr. F. E. Corkwell, New-
ark, Ohio.

11:30—Osteopathy in Acute Diseases,
Dr. Clarence Vincent Kerr, Cleveland, O.
Discussion opened by Dr. W. B. Linville, Middle-
ton, Ohio.

AFTERNOON.

1:00—President's Address.

1:30—An Oral Statement of an Interesting
Case,

1. Dr. Laura J. Wilson, Urbana, O.
2. Dr. A. J. Bumpus, Steubenville, O.
3. Dr. Effie B. Koontz, London, O.
4. C. M. T. Hulett, Cleveland, O.
5. Dr. C. J. R. Rhotehamel, Lancaster, O.
6. Dr. G. J. Eckert, Cleveland, O.]
7. Dr. O. G. Stout, Dayton, O.
8. General.

2:30—Ethics,

Dr. Frances M. Spear, Columbus, O.
General Discussion.

3:30—Election of Officers.

Selection of Member Osteopathic
Examining Committee.

For Sale.

Good treating table and set of osteopathic
and medical books. Snap for some one go-
ing to Oregon. Address the JOURNAL.

Notice Indiana Osteopaths.

During the annual meeting of the I. O. A. in November, it was voted to assess each member of the association five dollars per annum for the years 1904 and 1905 to be used as a legislative fund. This assessment is to be paid sometime during the month of January. You will take notice that same is due. Please remit to the sec'y.

FRANK H. SMITH, sec'y. and treas.

Indiana Osteopathic Ass'n., Kokomo, Ind.
January 1st, 1904.

A Question.

New York, Dec. 23, 1903.

EDITOR JOURNAL OF OSTEOPATHY,
Kirksville, Mo.

Dear Sir:—Has the secretary of the A. O. A. as secretary, upon answering inquiries, a right to express a preference as between members of the association?

Please state the above question and answer it through the columns of your Journal. Yours very truly,

E. E. BEEMAN, D. O.

It is our opinion that the secretary of the A. O. A. when serving in that official capacity has no right to express a preference as between members of the association. Of course, officers of the association like all other people have preferences and have a perfect right to have opinions, but, in our opinion, it is bad form and bad policy for any officer of the A. O. A. to express a preference as between members of the association in good standing in connection with any official business.

Since the appearance of the November issue of the Journal in which appeared an editorial on "Are You the One and Only," written with reference to a number of osteopathic physicians over the country who had apparently given their sanction to the "consulting osteopaths'" scheme, we have received letters from a large number of practitioners, whose names appeared on the sample cards sent out by the promoter, in which they stated that their names had been used without their consent, and furthermore that the scheme was one that they did not approve of.

PERSONAL MENTION.

Dr. I. E. Scobee has changed his location from Mitchel, S. D., to Mason City, Ia.

Dr. C. S. Betts has changed his location from Knoxville to Chattanooga, Tenn.

Dr. R. E. L. Sevier has changed his location from Flagstaff, Ariz., to Monrovia, Cal.

Dr. Geo. W. Leslie recently located at Marshfield, Ore., where he will practice his profession.

At the December examination held by the Ohio State Board there were six osteopathic applicants.

Dr. L. E. Oden has recently located at Vicksburg, Miss. His office address is 425 S. Cherry St.

Dr. Herbert J. Vastine, a post-graduate of the A. S. O., has recently located at 42 N. 9th St., Reading, Pa.

Dr. S. W. Miller has recently gone to Dillon, Mont., where he will locate for the practice of osteopathy.

Dr. W. D. Bowen, formerly of Washington, N. C., has recently located at No. 1 Grace St., Richmond, Va.

Dr. L. G. Ament, formerly of Cincinnati, O., has recently located at Washington, D. C. His office address is 426 Colorado Bid.

Dr. Arnold Lindsay of the last graduating class, reports that he is having a successful practice in his new location at Portland, Ore.

Dr. Wm. Ammerman who practiced temporarily at Vicksburg, Miss., has returned to his old and permanent location, Franklin, Tenn.

Dr. Asa M. Willard, formerly of Dillon, Mont., announces the change of his location to Missoula, Mont., where he is permanently located.

Drs. Nevius & Copper of the last graduating class, are located at 3928 Delmar Blv., St. Louis, Mo., for the practice of their profession.

Dr. E. L. Faucett, formerly of Chillicothe, Mo., has recently gone to Napa, Calif., where he will locate for the practice of osteopathy.

Dr. S. T. Lyne until recently of Leavenworth, Kan., has recently gone to Kansas City, Mo., to locate. He has offices at 1327 A. Troost Ave.

Married, Dr. I. A. Keyte and Miss Ada Ross at Washington, Kan., Dec. 26th. Dr. and Mrs. Keyte will make their future home at Kirksville, Mo.

Dr. Chas. Muttart and Belle Fleming Muttart announce the removal of their offices from the Pennsylvania Bldg., to 301 Mint Arcade Bld., Broad and Chestnut Sts., Philadelphia.

In the December Journal a mistake occurred in Dr. Woodruff's article which we take this opportunity to correct. On page 382 the word "pericardium" should have read "precordium."

Dr. Frank Heyer of Alpena, Mich., has gone to Manistee, Mich. where he will temporarily take charge of the practice of Dr. R. E. Jameson while the later is taking a three months' vacation.

Dr. Geo. W. Reid has succeeded Dr. F. P. Millard in the practice of osteopathy at 1 Chatham St., Worcester, Mass. Dr. Millard has temporarily retired from practice on account of poor health.

Dr. W. W. Harrington, formerly of Wilmington, N. C., is now located at 1437 Independence Ave., Kansas City, Mo., where he is associated in the practice with his father, Dr. J. S. Harrington.

Married, December 23rd, Dr. E. L. Manatt and Miss Amelia Baum at Kirksville, Mo. They will make their future home at New Castle, Ind., where the Doctor is engaged in the practice of osteopathy.

We are in receipt of a neat little pamphlet published by the Pynum Infirmary of Osteopathy at Memphis, Tenn. Dr. Pynum has established an Infirmary of considerable dimensions in order to accommodate his growing practice. His institution is incorporated.

A communication from Dr. F. I. Furry in answer to our editorial on "The Status of Osteopathy in Colorado" which appeared in our December issue was received too late for publication in our January number. Dr. Furry's answer, however, will be published in our next issue.

Married, Wednesday, Dec. 9th, at Lexington, Ky., Dr. E. H. Cosner of Upper Sandusky, O., and Miss Irene Walker

Smiley of Lexington. They will make their future home at Upper Sandusky where the Doctor has an established practice.

Dr. Cecil R. Rogers, graduate of the A. S. O., February, 1900, on account of his constantly increasing practice has been compelled to enlarge his offices. He has now one of the best equipped suites for the practice in the city of New York, where he has been located since the time of his graduation.

FOR SALE—Osteopath's office outfit consisting of two treating tables, two heating stoves, two carpets, two fine center tables, three rockers, some other chairs, fine dresser, washstand, valour couch, in fact a lot of equipage we do not know the names for. Come and see or write. It must sell right away. Also good location. Wyckoff Piano Co., Centerville, Ia.

Eastern Illinois, district number 5, branch of I. O. A. met in Dr. Hartford's office in Champaign Nov. 28th. Several new members were added to society. The papers on Typhoid Fever by Dr. Hartford and Appendicitis by Dr. Dudley Shaw were splendid. A very interesting meeting was held. The next meeting will be held at Decatur, Feb. 27th in Dr. Dudley Shaw's office.

Drs. Morris & Norman, formerly of Montgomery, Ala., have recently located at Memphis, Tenn. Their offices are in the Randolph Bld. These gentlemen were compelled to leave the state of Alabama on account of the pernicious legislation existing in that state. They may, however, at some future date return to their old location, provided, osteopathic legislation can be secured in Alabama which will permit them to practice there.

The following alumni visited the A. S. O. during the last month: Drs. Henry Snedeker, Cincinnati, Ia.; E. M. Cramb, Tecumseh, Nebr.; W. A. Cole, Dubuque, Ia.; C. H. Hammond, Rushville, Ill.; Isabelle Mahaffay, Pittsburg, Pa.; J. H. Mahaffay, Redfield, S. D.; E. L. Manatt, New Castle, Ind.; J. M. Hester, Corydon, Ia.; Frank Heine, Pittsburg, Pa.; P. D. Holloway, Independence, Kan.; Geo. C. Farmer, Oskaloosa, Ia.; J. E. Baker, Brazil, Ind.; J. O. Woodmansee,

Leon, Ia.; Grace Atkinson, Albia, Ia.; E. H. Laughlin, Fayette, Mo.; Nettie H. Bolles, Denver, Colo.; O. H. Ryon, Atlanta, Ga.; Cassindra Hubbard, Independence, Kan.; Ora Buckmaster, Lexington, Ky.; Phillip Cain, Hannibal, Mo.; Clara Davis, Bowling Green, Ohio, and Fred Julius Fassett, Boston, Mass.

* * *

Notice to the Members of the Missouri Osteopathic Association.

All members of the Missouri Osteopathic association are requested to send in their annual dues, \$1.00 each, to Dr. Elizabeth Ingraham, 303 Century Bldg., St. Louis, Mo. Either send a post-office order or currency as the banks charge exchange on personal checks. Please attend to this matter as soon as possible as our secretary, Dr. Ingraham, informs us that most all members are delinquent and money is needed.

The following extract taken from a letter recently received by Dr. A. T. Still from Dr. W. F. Link of Knoxville, Tenn., in acknowledgement of the Old Doctor's bust received by him, is representative of the spirit contained in hundreds of other similar ones: "Dear Doctor Still.—I thank you heartily for the fine bust lately received from you. I believe that every osteopath should be a better and more successful practitioner for having one of these busts in his office. It stands for Simon-Pure osteopathy and calls him back to first principles. It makes him feel almost as if he were under the very eye of the master osteopath who expects every disciple to do his duty thoroughly and conscientiously."

A good location for a good osteopath for the price of furniture, (\$200). A branch office in a city of 25000 inhabitants in an Eastern state. Address "C." this office.

A Washington correspondent is responsible to the following:

Q. Why is an osteopath like Napoleon Bonaparte?

A. Because he is a Napoleon in diagnosis, and of course always attends to the Bony-part.