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THE JOURNAL OF OSTEOPATHY

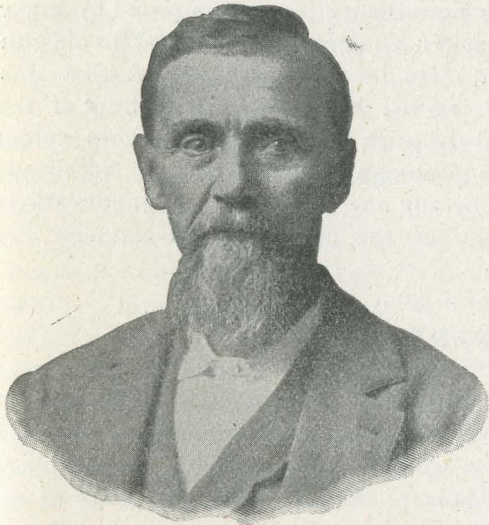
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Dr. A. T. Still's Department.

PROCLAMATION.

IN THE year 1874 I proclaimed that a disturbed artery marked the beginning to an hour and a minute, when disease began to sow its seeds of destruction in the human body. That in no case could it be done without a



broken or suspended current of arterial blood, which by nature was intended to supply and nourish all nerves, ligaments, muscles, skin, bones and the artery itself. And he who wished to successfully solve the problem of disease or deformities of any kind, in all cases without exception, would find one or more obstructions in some artery, or some of its branches. At an early day this philosophy solved to me the problem of malignant growths and their removal, by reproduction of the normal flow of the arterial fluids, which when done transfers the blood to the venous

circulation for return and renewal after the process of renovation is completed, by the lungs, excretions and porous system. Fevers, flux, head-ache, heart and lung trouble, measles, mumps and whooping cough and all diseases met and treated since that time, have proven to my mind that there is no exception to this law. That the rule of the artery must be absolute, universal and unobstructed, or disease will be the result. I proclaimed then and there, that all nerves, sensory and motor, depended wholly on the arterial system for their qualities, such as sensation, nutrition and motion, even though by the law of reciprocity they furnished force, nutrition and sensation to the artery itself. And further proclaimed, that the brain of man was God's drug store, and had in it all liquids, lubricating oils, opiates, acids and anti-acids

and every quality of drugs, that the wisdom of God thought necessary for human happiness and health. On this foundation and by its teachings, I have unfolded nature's system of mid-wifery, which would blush and be ashamed of its ignorance, for a diplomate of this science to ever be guilty of acknowledging so much stupidity and ignorance of the laws of parturition, as to take into the sick chamber of a normally formed woman, the brutal forceps which is death to the child, torture and laceration to the mother. When I see all over the land those pitiable objects called mothers, ruined for life, I often wonder if that man has the heart of a brute, or the brain of a human, that has inflicted such torture and left her in a condition to go under the surgeon's knife and deadly "ether," a far more dangerous operation, with but little hope of benefit. Such are the teachings of the prevailing systems of mid-wifery all over the civilized world.

Osteopathy says, if this be civilization and skill, what would be brutality and ignorance? I often laugh when a young osteopath says, I have taken up osteopathy, at the point that I found it had stopped in the "Old Doctor's hands" and have made many new discoveries. I am proud to know that the Rip-Van Winkle in him had gotten his sleep out, and found his old gun had been by his side for twenty years. He did not learn in school what was there for him, which he would have learned had he not left in hunt of the shining dollar before he had absorbed the juice of reason, that always comes after twenty months' close drill in the philosophy of the arteries. Nothing is newer than this philosophy as shown by any one up to date. Its applications may be more thoroughly understood, but the philosophy is eternally the same.

FACIAL PARALYSIS.

C. W. PROCTER, PH. D., D. O.

AMONG the various forms of paralysis, perhaps the most common is that of facial, or seventh cranial nerve. Why this should be so frequently attacked is not readily made plain, but that it is, the experience of all practitioners confirms. Many of the cases of facial paralysis respond very readily to osteopathic treatment, but it is quite essential that the cause of paralysis be ascertained as fully as possible, if one desires to give a correct prognosis.



A paralysis may be caused by interference with the nervous activity anywhere upon the course of the nerve, either by pressure or by the degeneration of the nervous tissue due to impaired nourishment. A pressure of some sort is almost invariably the cause of paralysis, and it may be produced by an embolism, by thrombosis, hemorrhage, tumor, inflammation, fracture of the cranial bones, abscesses and various other causes.

In order to keep clearly in our minds the distinctions between the different locations at which the nerve may be affected, we will consider the anatomy of the nerve with regard to the possibility of injury. The nerve arises in the cortex from the cells in the lower extremities of the central convolutions, and from this point passes through the corona radiata, the anterior portion of the posterior limb of the capsule, and thence to the tegmentum, where it decussates and enters the nucleus of the opposite side.

We may now consider the effect of an injury at any point thus far on the course of the nerve. If the injury be in the convolutions of gray matter, it usually affects the lower part of the face, and is apt to involve the arm and leg to some extent. This is true, also, if the lesion occurs in the capsule in rather close proximity to the fibers of the facial nerve. If the lesion in the cortex be on the left side, there is usually a loss of speech due to an injury or interference with the laryngeal nerves. If the lesion occurs in the pons above the nucleus, the face, arm and leg of the same side will be affected, because the facial nerves decussate below this point, as do also the motor nerves; and if the lesion is in the lower portion of the pons, the leg and arm of the opposite side is most apt to be affected because the facial fibers have decussated at that point, this taking place in the medulla.

When the lesion occurs in the nucleus or nuclei, other nerves may be associated, especially those of the sixth, and as a consequence there will be a deviation of the eyes, as the sixth nerve supplies the superior oblique muscle, one of the motors of the eye.

In the nuclear paralysis, there is usually a bilateral paralysis, and is more apt to be followed by fatal results than any other form of paralysis of this nerve. We may note in general at this point that if the body is involved together with the muscles of the face, the injury causing the paralysis lies above the nuclei between the olivary and restiform bodies. From this point on, an injury will not involve the body because the fibers are so widely separated, but other nerves are liable to be involved, and to keep clearly in our minds the different conditions, we may divide the remaining portion of the nerve into three parts; first, that between the point where it leaves the brain and the entrance in the Fallopian canal—this is spoken of as the intra cranial portion; second, the part of its course lying within the Fallopian canal—this is spoken of as the interosseous portion; third, the extra cranial portion, or that lying outside of the stylomastoid foramen. Any injury to the nerve within the cranium is liable to produce an accompanying deafness, as the auditory nerve lies close to the facial nerve in this portion of its path.

Within the Fallopian canal is the geniculate ganglion whose cells connect with fibers to the intermediary nerve of Wrisberg and the chorda tympani nerve. The chorda tympani nerve supplies portions of the tongue with the power of taste, and the intermediary nerve of Wrisberg connects the cells of the geniculate ganglion, from which the chorda tympani seems to arise, with the origin of the glossopharyngeal nerve; hence, any injury in this place

which would affect either the ganglion or one of these branches would produce a loss of the sensation of taste on that side of the front of the tongue, which corresponds to the side of the head in which the lesion may occur. The paralysis of the nerve due to the injury in this portion of its course is not an extremely uncommon occurrence, because of the thinness of the bony wall which separates the canal from the middle ear. Abscesses in the middle ear may cause such a softening of the bone as may produce a complete destruction of the partition, and even though the partition be not destroyed, the inflammation may extend through the bone and affect the nerve.

One case of this kind now under treatment in the clinics of the American School of Osteopathy was caused by an injury through the middle ear. The patient had been suffering from an abscess of the middle ear, which was opened and scraped out by a surgeon. After recovery from the influence of the anæsthetic, the patient noticed for the first time, that the face was paralyzed. We cannot understand how the injury could have occurred under such circumstances, unless the scraping out involved the facial nerve in some manner. Since there was no loss of taste in this case, the injury must have occurred at a point where the geniculate ganglion escaped.

The most common paralysis of this nerve arises from an injury to the extracranial portions, traumatism, cold and toxic effects of various diseases may produce the paralysis of this nerve at a point outside of the cranium. As a rule these yield most readily to treatment. One case was treated in the clinic rooms a short time ago in which a single treatment restored power to the paralyzed muscles. A cold resulting in contracted muscles and tissues about the nerve had apparently caused this loss of activity, and the relaxation of the muscles increased circulation to the nerve and part affected by the nerve, which seemed to restore its activity.

Another case which was preceded by an abscess in the outer ear was treated with marked improvement during the first month, although complete recovery did not occur for a month longer.

In the paralysis of this nerve the face is more or less drawn, food remains between the tongue and cheek, the power to close the lid over the eye is lost, and on account of that, the tears often run over the cheek; the mouth cannot be opened or closed freely, and efforts to draw the corners of the mouth in any manner, as in smiling or whistling, are without success. There is no loss of sensation, because the fibers of this nerve have no sensory function. Trophic fibers to the muscles do undoubtedly pass through this nerve, because there is a wasting of the muscle accompanying paralysis of long standing.

Since no fibers of this nerve reach the cervical region, and since the portion lying within the cranium can be reached only indirectly, the question of how our treatment can benefit the patient, deserves our attention. Cases do undoubtedly improve under the treatment, although direct manipulation upon the nerve, save its extracranial course, is impossible. As has been said previously, the character of the lesion is usually a hemorrhage, embolus, throm-

bosis, syphilitic growth, tumor, or sclerosis of the nerve tissue, and it would seem at first thought, impossible to produce any effect upon the diseased portion. We must remember, however, that there is a cause back of the conditions just named. If there is a hemorrhage, for instance, a weakened blood vessel produces it, and a weakened blood vessel indicates a diminished nutrition. I do not know to what extent the supply of nourishment to the walls of the blood vessels is dependent upon the nervous system, but evidently there is a defect either in the nervous mechanism that reaches the diseased portion, or in the blood supply itself. It is a recognized fact of physiology that the vasomotor and the trophic fibers to the head have their origin in the spinal cord and pass through the cervical sympathetics, or through the cervical cord to the brain. In the cervical or upper dorsal region a lesion might cause a weakness in a blood vessel in the brain.

The circulation of the blood to the head depends also upon the vertebral and carotid arteries, either one of which being affected would occasion a loss of blood supply to the brain, which would affect some portion of the brain before it would affect another portion. Even were the entire blood supply diminished, it is not at all probable that all the tissues of the head would suffer equally. If this diminution of blood produces its effect in the region of the seventh nerve center, that fiber will receive the injury resulting from the weakened circulation, the force of the nerve will be stopped, and paralysis of the muscle supplied will follow. If there is any hope for restoration, this hope lies in restoring circulation to the portion affected. An embolism may be absorbed or a weakened blood vessel may be strengthened by the restoration of such normal circulation. I do not know that it matters whether this interference be an interference with the vertebral artery, causing a diminished blood flow, or an interference with the vaso motor or trophic fibers which pass through the cervical region. Treatment may in either case restore the normal condition. A recognition of what we may term the osteopathic lesion belongs purely to our profession. The pathology of the brain is a matter of knowledge to all branches of the medical profession, and therefore it is to the cervical condition that the osteopath looks for a lesion, and it is to this region that he directs his treatment. To an observer outside of the profession, this idea of the cause and treatment of the disease may seem to be rather remote, but when we consider the idea of any other form of treatment, it does not seem more improbable of success. The medical practitioner has at his command drugs to hasten circulation, drugs to excite nerve tissue, and drugs to deaden nerve tissue. He may use these by injecting them into the blood, or introducing them into the stomach, but it is far more difficult for him to produce any effect upon a single portion of the brain or the course of the cranial nerve, than for the osteopath.

There is no other treatment of which I have any knowledge that could offer more promise of success, except in occasional instances, where a surgical removal of a tumor from the cortex of the brain promises to offer relief to an

afflicted area. The difficulty connected with the location of the tumor, and the great danger connected with such surgical operations makes this treatment one of last resort to the osteopath.

The practitioner will find the subject of paralysis of cranial nerves an interesting and important one to study from the osteopathic standpoint.

MUSCLE CONTRACTION AND RELAXATION.

G. D. HULETT, B. S., D. O.

EXPERIMENTS have made manifest that there are at least five forms of stimuli which produce in muscle tissue the phenomena of contraction: electrical, chemical, thermal, mechanical, and nervous. Normal muscle tonicity



and muscle contracture are maintained in response to nerve stimuli. An abnormal state of contraction results from overactivity of nerve impulse, or of impulse generated by one or more of the other possible stimuli. Further, muscle tissue, possessing contractility, has the power of relaxation inherent in itself, the question aside whether that relaxation be an active or a passive process. Under normal conditions the relaxive power is exercised only when the stimulus to contraction is removed. Hence to maintain a condition of chronic contracture, which is only a condition of constant contraction, there must be a continuous

stimulus, or at least, a constantly acting stimulus. *The removal of this stimulus constitutes the only logical method of relaxing the muscle.*

But to determine the nature of the stimulus is the fundamental consideration concerning the common abnormal contracture. Electrical and chemical forms may be eliminated at once. Of the three remaining, thermal, mechanical, nervous, the first two may cause contracture either by direct action on the muscle, or indirectly through its nerve mechanism, the former possible from the fact experimentally demonstrated that muscle tissue possesses irritability independent of the motor end plates of the nerve fibres. Do thermal changes affect contractility of muscle? Plunge a muscle fibre into boiling water and a marked contraction results. Cool it rapidly to the freezing point and the effect is similar. But on the authority of the "American Text-book," "gradual cooling of motor nerves or muscles, and gradual heating, even to the point of death of the tissues, fails to excite contractions." There may be change in the tissue from thermal conditions similar in kind and degree to that produced in other substances. Heat expands, cold contracts. But the change is barely appreciable. Are we, then, justified in assuming that numerous of our disease conditions are due to "muscular contraction caused by exposure to draughts or

cold?" Admitting the possibility for argument's sake, why does the contracture persist after the removal of the stimulus, i. e., the draught or cold? Is it because of peculiar changes set up in the muscle substance, or to conditions of the nerve mechanism? We prefer the latter view. What is that condition of the nerve mechanism? Disturbance from mechanical pressure brought to bear on motor or nutrient nerve paths to the muscle fibres.

How may mechanical stimuli produce contracture in muscle? As before indicated, directly or indirectly. Strike a muscle and it contracts. The cause may be in the muscle's inherent power of contractility, it may be in relation to the distribution of nerve filaments with their sensitive end plates, or it may be in a combination of the two. But to keep up the constant contracture there must be the constant stimulus. Hence we eliminate direct mechanical violence as a cause of the chronic contracture. Indirectly through mechanical disturbance of the nerve mechanism distributed to the muscle we find a potent cause for the chronic contracture. In which case we have the normal nerve force made abnormal by an increase either in quality or quantity, and the resulting contracture will be in proportion to this increase.

Another possibility of contracture of muscle through the medium of its nerve supply is involved in the complicated question of reflex action. Lengthy discussion aside, it is probable that contracted spinal muscles, as well as those supplied by the anterior branches of the primary nerve roots, results from irritation to visceral terminals of nerves, even though there be no direct route of the visceral nerve fibers back to the posterior primary division of spinal nerves which furnish motor supply to spinal muscles. This irritation, giving origin to the reflex impulses resulting in muscle contracture, may be due to thermal, chemical, or mechanical force in relation to the visceral wall or substance in which the nerves are distributed.

Practically speaking, then, a condition of chronic contracture is due to a constant irritation to the nerve mechanism supplying the tissue involved, that irritation being due to mechanical friction or pressure, by virtue of which nerve impulses abnormal in kind or quantity are transmitted to the tissue, the resulting contracture persisting so long as the irritation remains, or until the condition of nerve fatigue interferes with normal nerve conductivity. But what causes the mechanical pressure or friction? *Encroachment upon the space normally allowed for the passage of nerve trunks or fibres, by displacement or tuxation of bone, ligament or muscle.* More yielding structures adapt themselves to positions of structures of a nature less yielding. Hence if the framework be normal in position, its attachments will, other things being equal, assume normal relations, and hence there is little likelihood of material displacement of muscle or ligament without a pre-existing displacement of bony framework.

In the treatment of conditions involving a contracture of muscle tissue, is the relaxation of that tissue a primary object? From the nature of contractility itself, muscular contracture alone will hardly be responsible for serious disease conditions. In chronic troubles, emphatically not. The muscle contraction is

but the index to a condition of abnormal relations existing between nerve fibre, trunk, or mechanism, and the related structures. The relaxation of muscle tissue is but incidental to the adjustment of other tissues. In rare cases it may be desirable, perhaps essential to produce such relaxation in order to determine the nature of bony displacement; in other cases, to relieve immediate conditions due to local congestion from the local contracture.

How is the relaxation of muscle tissue accomplished? Various methods have been employed. (1) *Stretching* a muscle is supposed to result favorably. In what way? To put tension on an already tensed muscle is hardly scientific. "The irritability of muscles is likewise increased by moderate stretching, and destroyed if it be excessive." The only probable good effect will be in securing the "benefit of the recoil," which is the application of the principle of "exaggeration of the lesion." The stretching of the muscle only sets it against the effort. (2) Will *kneading* the muscle relax it? To an extent. Incidentally nerve and blood channels may be freed in the process, allowing a normal flow. Pressure exerted in the process, and the influence of animal warmth will tend to a relaxation. Continuous manipulation will ultimately exhaust the muscle's vital force—the muscle itself becomes overlaid with the products of its own katabolism, the nerve terminal, and through it the nerve mechanism becomes less active from exhaustion—and relaxation results. But of course this process is *manipulation* not *massage*. (3) Direct *pressure* on a muscle is effective to a limited extent, due partly to animal warmth and partly to a quieting effect on the nerve terminals through a condition of partial anaesthesia from pressure. (4) In every case of muscular contracture there must be an approximation of the points of attachments of that muscle. If the attachments are to vertebrae there will be the approximation of those vertebrae. *Increase that approximation* and you use a fourth and more logical and effective method of relaxation.

Thus far the methods indicated are only effective through direct action on the muscle tissue itself or upon the peripheral nerve terminals, and hence the condition is approached in a direction opposite to that taken by the normal nerve impulse, which, in case of the efferent motor nerves, is from center to periphery. Logically, then, we must apply our stimulus beyond the periphery, or back of it, in order to get physiological results. In the case of a hyper-stimulated motor nerve the point of application of a neutralizing force will be at the point of irritation. That neutralizing force must be an inhibition, but in the osteopathic sense of the word, i. e., the removal of the excessive stimulus; the point of irritation being at the exit of nerve trunks from the vertebral canal. How shall this stimulus be removed? "Open the bony gates." Separate the vertebrae. Adjust the bony structure.

Our discussion so far brings us to this conclusion: Since muscle tissue responds only to a stimulus; since continuous contracture results only from continuous stimulus; since that stimulus in the case of the normal organism is probably due to mechanical effect on the nerve tracts conducting impulses to

the muscle; since the point of application of that stimulus is probably at the emergence of nerve trunks from the spinal canal; and since osteopathic inhibition consists in the removal of conditions causing abnormal stimulation, we are forced to decide that the most logical and effective method of relaxation of contracted muscles consists in freeing the nerve path of its exciting influence. And we are brought face to face with the foundation principle that bony abnormalities are ultimately the cause of all muscular contractures of an appreciable degree of intensity and of time, and that the relaxation of such can only be permanently effected by the restoration of the normal relations between bony framework and the contiguous structures.

MAN'S DUAL NATURE.

BY U. M. BROWDER, D. O., SALT LAKE CITY, UTAH.

DR. MINNIE POTTER has recently placed before the readers of this JOURNAL a subject worthy of the most thoughtful consideration of the osteopathic practitioner. While we consider this an important subject and well worthy of logical and scientific investigation, the manner in which the subject has been treated has enveloped the whole subject in mystery, producing general confusion of mind throughout the civilized world. The question, "What is Man?" is the question after all, an unsolved problem, both in religious and scientific circles. One class of thinkers define man as purely a material being; another class defines him as a triune being, composed of soul, body and mind; and still another class defines him as a dual being, that is to say, mind and body, mutually related to each other, comprising one harmonious whole, which we call man. Now, these positions cannot all be right. If man is composed of mind and body—and this none will call in question—then, where is the soul? Is it a substance which is neither mind nor matter? Where shall we class it? According to the profoundest researches of philosophy mind and matter are the original, or primary substances out of which all things were formed, or created. All things, therefore, must be mind and matter, one or the other, or both, as in the case of man. Philosophy directs that we may distinguish between these substances by the phenomena or properties, which they exhibit. That is to say, that the properties of matter are *not* the properties of mind, and the same thing is true of mind, its properties by which it is distinguished from matter are not the properties of matter, and do not, therefore, inhere in matter. Now, if this is correct reasoning, man is a *dual* being and not a *triune* as some suppose. With this view of man it is easy and natural to harmonize the established facts in psychological science with the Mosaic account of man's creation as found in Genesis. On a careful study of the record Moses gives of creation it will be seen that all creation prior to that of man was purely physical in its nature, and that in the act of man's creation, for the first time, mind and matter were united. For this reason alone man is said to be created in the image of God. Whatever may be said of man's spirit-

ual nature it is certainly involved in his mind. Simply because this element in man is represented by a variety of terms, the world has become confused as to the elements in his nature.

This confusion however, is largely due to religious ignorance and superstition. The bible is not in conflict with the established facts of the sciences of which man is the subject. This position is not accepted by most people. The average man, especially if he is religious, cannot satisfy himself with any view of the subject that does not give man a body, mind and spirit.

Man's place in the universe may be determined by this same process of reasoning. In the drama of creation all things precede man. Creation proceeded in the ascending scale, from the least to the greatest. Why is this? Simply because all things are a condition for man and he is conditioned upon all things, purely in the sense of preparation, as the soil precedes vegetation and as the vegetable precedes animal life. Since creation was a process of up-building that which came last must necessarily be the highest. Thus it is that the principle announced by Christ—the best of the wine is kept for the last of the feast—holds good in the process of creation. It may be said that man is largely the result of all the forces below him, with the addition of the moral and spiritual nature, which is included in his mental nature.

How anything more than mind and matter can be found in man, is a mystery we are wholly unable to solve. We are disposed to the opinion that, religionists generally fail to appreciate the extent of meaning which should attach to the word—mind—and, hence, as a result of such failure, they are constantly in search of some divine nature, or element, in man's constitution which is, as they claim, imparted from God and not created by God, which as a matter of fact, is neither mind nor matter. If there be such an element, or substance, as that in the universe, from whence came it and where shall we class it?

When it is shown that man is the product of all the forces below him, the law of dependence, that is, of the upper upon the lower forces, will be clearly seen, and thus man is separated from all things else, and his place in the Universe clearly shown. He becomes the highest because he subordinates all things to his own end.

Thus it is that man is just what he is, by overcoming all the forces below him. And by a careful examination of this magnificent process it will be seen that there is a thread of relationship interwoven throughout the entire fabric, each force depending upon the force immediately below it; that is, the process is governed by the law of dependence and not by the law of interdependence, as the lower forces are not dependent upon the higher. This fully explains why creation proceeded in the ascending scale. And when, in the process of creation, we reach man, the very same ascending scale must be kept in mind and observed, or we will become confused. For, man must be considered as mind and body, the body as the condition of the mind, the body as essential to the mind, or servant of the mind, hence, the body is below the mind and

inferior to it. This gives us the mind as the last and highest part of man. To us this seems perfectly scientific and logical. It is, therefore, through the body, or material part of man, that he is related to the material, or physical universe, and through his mind that he is related to the spiritual world. The image of God in which man was created alludes to his mental nature. It's this element of his constitution which reflects the divine nature and exhibits his high place in the universe, giving him dominion over the occupants of both sea and air and all things created.

THE STUDY OF MAN.

This brings man to the profession of osteopathy to be carefully studied in his twofold nature of mind and body. The principal sciences of which he is subject, we will mention in the order in which they should be studied, for the ascending scale holds good in the study of man.

1. Anatomy. Of course anatomy is descriptive of the human body, but it tells us what there is in the body, locating all the different structures and defining the relation of structures to each other. In this connection we desire also to mention a scientific fact worthy of special importance, namely, that a difference in function is always preceded by a difference in structure. This is indeed, an important fact which should always be in the mind of the student of anatomy.

2. Physiology. This leads us, in the study of man, a step higher, for the function, or functions, of the different parts of the body is more important than the description of the parts of the body. However, both of these subjects are of vital importance to the student of man. Now, let us sum up the matter as respects anatomy and physiology, so that the student may fully realize the logic of the above arrangement.

1. What is there in the body—as to structure, its *locations* and *relations*?
2. What is its function?
3. How does it perform this function?
4. Upon what conditions does it perform its functions? So much for man as regards the subjects of structures and their legitimate functions.
5. Psychology. The science which treats of the mental states and conditions of the mind. Psychology is derived from the Greek—*Soul* and *dis-course*—a discourse on the soul. This brings us to the higher study of the mental nature of man.

While it is not our intention to enter into an investigation of man's mental nature, but merely to suggest a correct method as to how man as a whole should be studied, we do desire to present some observations in respect to the study of psychology, especially as regards osteopaths.

1. Psychology should always follow a careful study of physiology.
2. Then the two subjects should be studied together in conjunction.
3. In the next place, a careful study of psycho-physiology, when we shall fully consider the nervous system and its relations to both mind and body.
4. A careful study of the mutual relations of mind and body.

It is certain that neither psychology nor physiology can ever be mastered without the other, they must be studied together.

"THE PHYSICIAN."

FROM THE STANDPOINT OF A TRAINED NURSE.

EMELINE TAPPAN, D. O., JUNE CLASS, 1900, A. S. O., MT. AYR, IOWA.

MANY incidents in the life of a trained nurse lead her to the conclusion that the average physician is sadly lacking in the knowledge of the practical part of caring for the sick. The very fact that many Medical Colleges are lengthening the course of study to four and five years shows conclusively that the patients are demanding more of physicians than formerly—and that the physicians themselves realize the necessity of reaching a higher standard in a profession which deals with human life. There is a woeful deficiency somewhere existing, else physicians would be nearer perfection. It seems to the practical mind of the trained nurse, that one great trouble lies in the fact that the family doctor is careless regarding the actual creature comforts of his patients, or else profoundly ignorant of the many little things which make sick people comfortable. To be sure he has a knowledge of anatomy, but of what use, if combined with that he does not recognize common causes of discomfort and pain to a person lying in bed? Think of lying on an under sheet in wads and wrinkles. Did you ever walk with a wrinkle in the lining of your shoe? It is just as painful to lie on wrinkles when ill, and in many cases bed sores result. He may understand the mechanism of the eye, but of what use, if he does not realize that bright light shining directly into the eyes of a bedridden patient will cause pain, headache, nervousness and even impair the sight? Again he may have such an intimate acquaintance with microbes that he can recognize them in the street, or call them by name and he may be sure the germ theory is so because he has seen them grow, but of what use, if he does not recognize and correct unsanitary conditions? He may know the name of every nerve in the body, but of what use is that, if he throws his patients into hysterics by a noisy entrance to the sick room, or by leaning on the foot-board and jarring the whole bed while he talks? True, his knowledge of aseptic technique may be perfect, but of what use if he approaches his patient with uncleanly hands or neglected finger nails? He may realize the value of enemas in many cases, but of what use if he cannot give proper instructions regarding their administration? The best and most successful physicians are those who have had practical training in the nursing of the sick. Some men realizing the value of the work have entered men's training schools for nurses, as a preparation for the life of a doctor. This course cannot be too highly commended. If one year out of the four devoted to study in some colleges could be spent in practical work of this nature the world would be supplied with better physicians. The ideal physician must combine the knowledge of nurse and doctor. Not that the work should be identical—but so essential are the details in the care of the sick, that in the absence of a trained nurse the attend-

ing physician should see at a glance what is necessary to be done and be able to direct, or if necessary actually *take off his coat and go to work himself*. A good old German doctor once came into the room when the writer was about to move a helpless patient on to a clean, dry mattress. He said "Ah! nurse I'm glad you do dot. I help you," and off came his coat and with his help in five minutes the patient was comfortable. He knew it should have been done days before, but he could not do it nor could he direct the anxious but ignorant friends who stood ready to help. I hope in the near future to see established in every osteopathic school and every medical college in the land, a department devoted especially to practical demonstration in this line of work. *And may A. S. O. lead.* The moving and handling of helpless patients, the proper administration of sponge baths, salt rubs, et cetera, the various ways of making sick people comfortable are just as important to the success of a physician as the knowledge of disease and cure.

Another thing which goes to make a successful physician, is an interest in public health. Especially ought the osteopathic physician to show public spirit in the prevention of disease.

Most town authorities can be frightened into being cautious regarding smallpox, scarlet fever or diphtheria, but there are many lesser evils which should be rooted out. For example that disgusting eruption called "barbers' itch," while it yields readily to osteopathic treatment, should be prevented, exterminated even to the last case. Every barber should be obliged to conduct his business with anti-septic precautions. The razors and shaving cups should be sterilized. This can easily be done by immersing the cups and razors in boiling water to which has been added a liberal portion of bi-carbonate of soda. It not only renders both aseptic but gives a polish that delights the lover of cleanliness. The extent to which barbers' itch prevails in some portions of the country is not only astonishing but disgraceful.

The article published in a former Journal entitled, "When will Osteopathy reign supreme" is easily answered thus, when osteopathic physicians convince the people that they are working for the good of humanity. When they identify themselves with forward movements not for gain only, but for the prevention as well as cure of diseases. When they realize that the opportunity to treat a "prominent banker" in some small town isn't all there is to be desired. When they realize that a physician needs more than mere skill in manipulation. In other words when they *excel* in care and treatment of the sick.

The osteopath has a glorious opportunity to make himself an ideal physician. He has the experience of others by which to profit and a wonderful curative power at his fingers ends. He must lead a pure life, do earnest work, gain knowledge, and success is his.

THE TESTIMONY OF A DISTINGUISHED PATIENT.

AMONG the distinguished people whose experience with osteopathy has become notable is, Mrs. Rebecca Springer, the wife of Judge Springer, chief justice of the Court of Appeals, in Indian Territory, and member of Congress



for many years in Illinois. Mrs. Springer's home is in Washington City, but she has resided in Indian Territory during her husband's judicial service there under the appointment of the President. Mrs. Springer is a woman of liberal culture, of a finely penetrative mind and deeply sensitive nature. She has taken a great interest in the scientific progress of the world, and has had opportunities for seeing the best side of the medical and surgical practice; and her estimate of osteopathy is not only that of

an enthusiastic patient, but also that of a thoughtful and critical thinker. Her many friends public and private, rejoice with her in her remarkable recovery, and she is able to give them an admirably clear and entertaining account of the new science by which she was relieved of her terrible suffering; and her distinguished husband shares heartily her admiration for osteopathy. We are glad to have her speak for herself:

"Two years ago after a very severe attack of the grippe, we moved to Indian Territory very much against the advice of my medical adviser in Washington City, owing to the malarial climate; and after two weeks' residence there, I had a most terrible suffering with what was supposed to be bilious colic. I recovered, but in two weeks had another attack, and then I had many more. They occurred with greater frequency and severity. A trip to Macinac, however, averted their return. But on returning to the Territory, these attacks came back with increased violence, and finally occurred every other day. After three months of such agonizing suffering, I called two eminent physicians, who diagnosed my trouble as gall-stones, or catarrh of the stomach. They did not relieve me except temporarily by hypodermic injections. Atrophine was freely given, which left me very much prostrated, and my stomach was so enfeebled that it finally could not assimilate food. I suggested osteopathy to my physicians, but they gave me no hope of recovery by that means. I, myself, thought that nature had some resources by which I might recover, and osteopathy seemed to me to be both natural and scientific; and I feel that I was directed by Providence to try it. I felt that God had given Dr. Still some means better than drugs by which I might be helped. So

I came to Kirksville. My confidence was at once won by the intelligence and skill of Dr. Still. He not only pronounced it gall-stones, but put my own and my husband's fingers on them, and we felt the real trouble. In a few days the treatment became so effective that there was a disengagement of the stones into the upper intestine, and when at last they were forced from the intestines, there was at least a large sized teacupful of them. Afterward there was a passage of bilious mucous, amounting to several pints. My liver was greatly enlarged. Then the entire mucous membrane of the gall bladder, duct, stomach and intestines was lost. I felt much better, but there was still passage of stones. At last, violent suffering set in. I was brought to the very verge of death, and felt that the end was near. I said: 'I must have the old doctor or I'll die.' Dr. Still came, gave me a treatment and I passed a stone as large as a man's thumb. I sank under the suffering, and even Dr. Still thought I might not recover. After three days, Dr. Still said, emphatically: 'You'll get well,' and I began from that time to improve. I ate naturally; but in three weeks had another severe attack. I passed another stone equally as large. My limbs, mouth and lips were paralyzed, and I was cold for hours. This was my last attack, and from that time I have been steadily improving. I eat with relish, though before my stomach had been so stimulated by medicine that it lost entirely its natural action. I now walk a mile to the Infirmary--sleep well, and feel wonderfully helped. My heart, which had troubled me for six years, was another difficulty in my case. I could not lie on either side. It beat with great irregularity, and my medical doctor told me it 'missed every third beat,' but he did not help it. I said to Dr. Still: Doctor, now that I am getting along so nicely, shouldn't my heart beat right? He asked: 'How does it beat?'—to which I replied: 'Every way but the right way?' He then came to me, and, as I described it to my husband, 'he gave me a punch, a dig, and a twist;' and from that short treatment my heart has been regular. I cannot say enough in praise of osteopathy. I felt before I tried it that it was a scientific method. I had faith that there was some way by which my suffering could be relieved, without the prejudicial effects of drugs. I instinctively recognized that Dr. Still's intelligence had discovered those means, and now I am convinced that osteopathy is rational, scientific and wonderful. It will be the greatest blessing to the world."

Gratefully Yours,

REBECCA RUTER SPRINGER.

—Journal of Osteopathy, July 1897.

OSTEOPATHS BEFORE THE ILLINOIS STATE BOARD OF HEALTH.

FLORENCE L. M'COY, D. O.

BY THE time the O. K. C. & E. was due, the special coach that had been engaged to convey the applicants for examination to Chicago was well filled, and those coming later filed into the regular coaches like soldiers on drill. Every student had a book—if it wasn't on surgery, it was on anatomy, or else a sort of a biblical appearing text by Hughes.

They sailed along as only a train over the O. K. can, and by the time they reached Quincy each one declared himself or herself sufficiently jolted to satisfy.

At Quincy they all went out for a stroll and saw the town by gas light—that is the square. Once under way again and having found they could not have a sleeper they decided to make the best of the situation and fixed them-

selves comfortably for the night, each student with his book, each merchant that accompanied the crowd with a bottle—of cold coffee—as it was called. After about forty had played possum until patience ceased to be a virtue, Will Davis suddenly arose and called out, "Who can name the fissures of the brain?" At once E. C. Crow was on his feet—"We won't be asked that question—but who can name all the branches of the internal carotid artery?" and for three solid hours the knights of the midnight oil made life hideous for the few desiring sleep. Miss De Sollar was not seen to take her eyes from a symptomatology from the time she entered the coach until daylight—then as the dim rays began to pierce the darkness of the night, one and all fell asleep—to be awakened by the frost like pains of freezing to death stealing over them—and again the quiz began.

They were wheeled into the city and about fifty of the most worn and grip laden people went straggling from the coaches through the depot into the street cars and up Dearborn.

After a good day's rest, Wednesday at 9 a. m., they could be seen with the hurly burly of Chicago's hurry, making their way to the Great Northern, and as the elevator went up a degree or two faster than things go in most places a noted third termmer said "Let us off wherever they are going to have that examination." At first they assembled in a large room one end of which contained an immense mirror. During the interval Mr. John Bell sat idly counting all the people in the room and in the "other big room" as he called it, until finally it dawned upon him that one person could not well occupy two different portions of space at the same time and he exclaimed—"Why Hart, that isn't a room, its just a looking glass and those folks are in this room and I've counted them twice."

The crowd was divided and in the two rooms several guards placed. The examination was fair in all respects. They were treated courteously and every kindness was shown them. Each one breathed a sigh of relief when the last paper was handed in Thursday night, and they prepared to visit our friends throughout the city or return to Kirksville. Each out going train took a few of the osteopaths away far more jubilant than when they went.

There had been nothing said or done to make any one of them think the less of himself or herself and each and every one was such a devotee to the science no one dared to doubt their veracity or the great cause for which they were fighting.

Among the osteopaths who were examined were, Dr. M. E. Donohue, of Omaha, Neb.; Dr. Florence Brown Stafford, of Chicago, Ill., Victor P. Urbian, Correctionville, Ia., and Burthel Reesman, of Bullion, Mo., and of the senior class, J. A. Bell, C. E. Whitney, S. W. Hart, B. B. Maier, Minnie Schaub, Elizabeth Ingraham, G. W. Pauley, Clara C. Wernicke, Margaret S. Laughlin, Elmer Denniston, Daisy Denniston, Annie B. J. Pitts, Chas. Graham, Ada Sisson, Florence L. McCoy, Annie E. Stanley, Eugene Pitts, Virginia Rowden, John D. Cunningham, Nellie V. Cunningham, Frank E. Gamble, Jas. F.

Walker, Daisy Walker, W. E. Davis, D. W. Davis, Edith E. De Sollar, Florence J. Wodetzky, Jessie B. Johnson, George Moffett, Mrs. Geo. Moffett, H. J. Faulkins, A. M. Cunningham, W. B. Lynd, Frederick G. Curtis, Elmer L. Longpre, Edward C. Crow, Elizabeth M. Crow, Jno. J. Schmidt, Emma R. Schmidt, E. G. MaGill, Rebecca M. MaGill, C. C. Crampton, J. F. Stevenson, Thomas Schofield, Hetty Jenison.

Following is the list of questions used in the January 1901, examination:

PHYSIOLOGY.

- 1—What is the chemical basis of the body?
- 2—Describe the circulation of the blood through the heart.
- 3—What is the function of the depressor nerve?
- 4—Differentiate between arteries and veins.
- 5—What variety of blood supply exist in the lungs?
- 6—Describe the mechanism of respiration.
- 7—Describe digestion?
- 8—Describe the skin and name its functions.
- 9—Name some forms of muscle stimuli.
- 10—What is function of nervous system?

SYMPTOMATOLOGY.

- 1—Give the leading symptoms of fracture of the clavicle.
- 2—Of fracture of the femur.
- 3—Give the points of difference between a dislocation of the head of the humerus and an impacted fracture of the neck of that bone.
- 4—Between a dislocation of the femur and a fracture of neck of that bone.
- 5—Give the main symptoms of a fracture of the base of the skull.
- 6—Briefly differentiate between muscular rheumatism and neuralgia.
- 7—Between pain due to inflammation and that resulting from neuralgia.
- 8—Between indigestion due to chronic gastritis and that dependent on functional derangement of the stomach.
- 9—Give the symptoms of chronic cystitis?
- 10—Of incipient tuberculosis of the lungs.

HYGIENE.

- 1—What precautions should be taken by

patient and family in a case of pulmonary tuberculosis?

2—What precautions should be taken when you suspect the drinking water, milk supply or food?

3—What precautions should be taken by nurse, physicians and friends in case of typhoid fever in the country?

4—Give the fresh air requirements of a sick person.

5—What precautions should be taken while visiting a case of scarlet fever or diphtheria?

6—What are the chief diseases which may be communicated from animals to man?

7—What are the pernicious effects of deficient ventilation in school rooms?

8—Give suggestions in regard to lighting school rooms.

9—What disposition should be made of alvine discharges in military camps and why?

10—Describe an approved method of aerial disinfection.

CHEMISTRY.

1—What is an atom, a molecule and an element?

2—What three states of matter are there?

3—What two acids are always present in bile?

4—Give in detail a test for sugar in the urine.

5—Give the chemical formula of sodium hydrate.

6—Give the characteristic differences between an acid and an alkali.

7—How would you detect bile in the urine?

8—How would you treat a case of poisoning when the poison to be antidoted is not known?

9—What is chloroform? Give sp. gr. and symbol.

10—What is HCl? What are the antidotes for poisoning with HCl?

HISTOLOGY AND PATHOLOGY.

1—Give the minute structure of the liver.

2—What are the histological elements in a nerve fibre?

3—Give the histological elements in granular tissues.

4—What is the structure of mucous membranes?

5—What is the most widely diffused tissue of the body?

6—What is sclerosis?

7—Name degenerations which may take place in animal tissues.

8—What is the difference between a benign and a malignant tumor?

9—What is a thrombus? What is an embolus?

10—What is cicatrization?

ANATOMY.

1—Name some muscles which are not attached to bone.

2—Describe the spinal column.

3—Name the bones of the wrist.

4—Describe the heart.

5—Name the ligaments of the knee joint.

6—Give the branches of the axillary artery.

7—Name the largest nerve in the body and give the branches.

8—Name the viscera contained in the abdominal cavity.

9—Describe the liver.

10—What structures pass through the foramen magnum?

REPORTED BY DRs. SPAUNHURST AND KINSINGER, FIFTH FLOOR, STEVENSON B'LD'G., INDIANAPOLIS, IND.

Tuberculosis:—

Mr. Henry C. Lang, hard-wood lumberman and real estate dealer of 1118 N. Penn st., Indianapolis, has been afflicted for over fifteen years. Through close application to business he gathered wealth to the amount of one half million dollars, but so weakened his body as to render it unable to withstand the onslaughts of tubercular bacilli. He called me to his home for consultation and examination the 4th of Sept. 1900, and I began treating him the next day with the following results: (1) Tubercular lumps, with much soreness, on the chest were removed in three weeks treatment and have not returned. (2) Flatulency of stomach and bowels were relieved in a few treatments. (3) A rectal trouble for which was urged for two years to undergo a surgical operation by the best medical physicians of Indianapolis and from which he persistently refrained be-

cause he felt to feeble to undergo the shock, has been entirely removed by six local osteopathic treatments and he thus escaped the use of the dreaded surgical knife. (4) A tubercular abscess, situated on the gladiolus, or middle piece of breast bone, from which pus exuded for eight months has been entirely healed over in three months treatment. Mr. Lang adds to this as follows: "My general health is greatly improved. I am stronger and have better use of my limbs. I firmly believe I would be strong and vigorous today had I come under the conscientious care and skillful treatment of Dr. Spaunhurst before the tubercular germs had sapped most of my vital force, leaving but a shell upon which to work. In view of these facts I certainly have good reason to endorse Dr. Spaunhurst, and I feel that I am doing good to afflicted humanity in registering my hearty approval of Osteopathy as practiced by him. I will say more in behalf of Dr. Spaunhurst and osteopathy than I do here to any who are interested and make inquiry of me."

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THE next meeting of the A. A. A. O.
will be held at Kirksville.

* * *

THE JOURNAL is in receipt of a letter from an osteopath practicing in Minn., a graduate from another school in which the following statements are made. "I want my friends to attend the A. S. O. and I am certain if they investigate they will be with you. I have fully made up my mind to take my post graduate course in the American School and have the name of the founder of osteopathy on my diploma. The JOURNAL OF OSTEOPATHY is all right, its the best one I read."

* * *

A PROPER attitude of osteopaths toward osteopaths is a matter worthy of more thought than is sometimes given. In one of our exchanges we notice where they are classed as "massage and hot air" vendors in Illinois because they do not happen to be from some particular school. The American School of Osteopathy has a large number of graduates in Illinois who are doing good work and have passed a satisfactory examination before the State Board of Health before they were allowed to practice this science. We have no sympathy with the pretender but men and women who qualify themselves no matter in what school, we always extend a hand of welcome, in this way we have built up the largest and best equipped school of osteopathy in the world.

Physiological Chemistry Illustrated, is the name of a chart published by Dr. J. S. Baughman, of Burlington, Iowa. In this life size chart the author has by means of using colored lines, traced the food-stuffs, from the time they enter the mouth, giving all the different changes in proteids, fats, and carbohydrates in the alimentary canal, also where acted on and by what digestive ferment. Every step in the digestive process is either shown or indicated from the time the food is masticated until it is digested and assimilated and becomes a part of the body.

This chart will be of great value in the office of every osteopath as it will be valuable in making out a dietary for patients.

* * *

THE Iowa Health Bulletin has the following to say of the American School of Osteopathy regarding medicine: "That a salesman of homeopathic remedies had said this school bought in large quantities twelve or fifteen different remedies for use in their clinics. That they were administered as cell food and not as a medicine."

The one making this report is certainly mistaken as the school never ordered and never used medical remedies in any form, believing they are of no use to the sick, but from experience a hindrance. The president, Dr. A. T. Still long ago broke loose from medicine, believing when God made man he placed within him the force that was necessary for his maintenance and to restore him when the laws of nature were interfered with by man's ignorance. As to osteopaths asking the legislature of Iowa, or any other state to permit them to administer medicine in emergencies, this is certainly a misrepresentation as no true osteopath ever asked for such legislation. Graduates from regular schools are always prepared for "emergencies," those coming from poorly equipped, small and short term schools may need something to lean upon as they are deficient in knowledge of this great science. We use no drugs; the school never bought any.

* * *

Our New Class.

A large number have already matricu-

lated for our February class and men and women are coming in daily, showing they are well informed as to where to attend to get the best osteopathic instruction. These people are not caught up by osteopathic schools *on paper*, nor are they run in by a proposed increase in tuition fee. Our new students enrolled last September numbered 220, over 60 of them coming from other schools, others sent here by our graduates and friends from all parts of the United States, we have not had to resort to "bidding for students" nor offering large commissions to our friends to get these representative men and women, but continue to do business in the same old way by giving all and more than we advertise.

* * *

Dr. Hildreth Appointed on Important Committees.

Dr. A. G. Hildreth, our representative in the legislature at Jefferson City, was appointed by the Speaker of the House on the following committees: Normal Schools, Public Health and Scientific Institutions, Mines and Mining and Louisiana Purchase or World's Fair. The last named was the most sought after committee of any in the House. It came to Dr. Hildreth purely complimentary.

* * *

A Victory in Ohio.

COLUMBUS, OHIO, Jan. 10, 1901.

DR. GEO. LAUGHLIN, KIRKSVILLE, MO.

Dear Doctor:—The osteopaths have again won. The case against Dr. Gravett, charged with practicing medicine in violation of the medical law—the Love bill—has been decided in defendant's favor, Judge Cole of the Common Plea Court ruling that osteopathy is not the practice of medicine. The Medical Board, inasmuch as there is no expense attached to them, the state bearing it—give notice that they will appeal. But the result will undoubtedly be the same. They propose if they can't drive the osteopaths out of the state, to at least make them as much trouble and expense as possible. Another indication that the motive of the Medical

Board in this prosecution is jealousy and spite-work is the fact that instead of bringing the prosecution at Dr. Gravett's home where he is best known, and his practice speaks for itself, they brought the case in an adjoining county where he had been called to see a patient. In this manner they thought to increase the expense as well as to take away the benefit of local conditions. The Ohio Association is standing very loyally by Dr. Gravett.

Very truly,
M. F. HULETT.

* * *

Ohio Osteopaths.

The Third Annual Meeting of the Ohio Association for the Advancement of Osteopathy was held at Columbus, O., December 31, 1900, with a goodly representation of the osteopaths of the state present. The following program was carried out:

Address and review of the work of the Association, and recommendations for the future, by President H. H. Gravett, Piqua. Papers: "The relations of Osteopathy to the Medical Profession and to the People," Dr. E. R. Booth; Cincinnati; "Paralysis due to Embolus and Cerebral Hemorrhage," Dr. Lena Cresswell, Circleville; "Diseases of the Lower Genito-Urinary Tract, with an account of an interesting case of Cystitis and Spermatorrhoea," Dr. C. V. Kerr, Cleveland; "Osteopathic Treatment in Congestion of the Respiratory Tract," Dr. L. A. Liffing, Toledo.

The papers and impromptu discussions showed that the members of the Ohio Osteopath Association are wide awake, and are keeping up with the times in osteopathic progress.

OFFICERS ELECTED FOR THE ENSUING YEAR.

Pres. H. H. Gravett, Piqua; V. Pres., C. A. Ross, Cincinnati; Sec. M. F. Hulett, Columbus; Treasurer, Lena Cresswell, Circleville; Executive Committee: Pres. and Sec. ex officio, J. T. L. Morris, London; C. M. T. Hulett, Cleveland; Laura J. Wilson, Urbana; E. R. Booth, Cincinnati; C. V. Kerr, Cleveland.

M. F. HULETT, Sec.

Columbus, O., Jan. 4, 1901.

A Letter from Dr. A. G. Hildreth.

JEFFERSON CITY, MO.

EDITOR JOURNAL OF OSTEOPATHY.

Dear Sir:—The writer in company with wife and little daughter left Kirksville, Mo., on the morning of December 31, 1900, for Jefferson City, Mo. We spent the last day of 1900 in the city of St. Louis, and arrived here at noon Jan. 1, 1901. We are pleasantly quartered at the McCarty house, an old styled southern house or hotel so called here. This hotel was established 65 years ago by the parents of its present owners. It has had numerous additions made from time to time trying to keep pace with its ever increasing patronage.

Their table is good, substantial and homelike. They now have as their cook the same person who has acted in that capacity for 35 years.

On the second day of January—Wednesday at high noon was convened the forty-first general assembly of the State of Missouri. Your correspondent was one of the number of 140 members who compose that body and bears the distinction of being the only osteopath among them. He also bears the distinction of being the first and only osteopath ever elected to that or any other public office. From the fact that for the past six years osteopathy has been the subject that has stirred up the legislative bodies of nearly every state in the Union it would seem only proper that one of our profession should be selected as representative of his people. It is well known to all friends of osteopathy that our profession is recognized in nine different states. And it is also well known by our friends that it took almost a superhuman effort to accomplish this result. The members of the old school (or the greater part of them at least) combatting every inch of ground gained. Today in half of the legislative bodies of this great nation now assembled a combat royal is being waged for recognition and for justice, even here in our old home state, the state of osteopathy's birth, one of the first to grant statutory recognition to our profession. The medical men are trying to repeal our law and pass in its stead a drastic measure, an iron-

clad, rock-ribbed law that will give to them the sole control of all schools of practice whatsoever kind in this state. But your readers would be surprised could they realize the difference in their (the medics) treatment of us now and six or even four years ago. Then they simply ignored us. Now they are even willing to consult us and advise with us in regard to how best to control *quackery* in our state. In other words they realize we are here, and that we have friends in this state and good friends, God bless them, who expect to see that we get at least fair play. Another funny phase of the case here is there are already three medical bills introduced, all seeking to regulate the practice of medicine in this state, and all different. And there are two or three more to be introduced yet, showing clearly that there is not perfect harmony in their own family. The fact of the matter is that the *dear people* whom all this law is intended to protect are not asking or demanding any such law and it is only individual schools who fear inroads are being made upon their supposed rights that are demanding these laws. My judgment is that the law should be so framed that it would guarantee the highest possible standard of qualification for the members of each school, and then let the people choose whom they please as their physician.

* * *

The Doctors and the Osteopaths.

An old adage says that if you give a rogue rope enough he will hang himself. Maybe this doesn't always happen, but it certainly does sometimes. To illustrate:

The doctors are persecuting all irregular practitioners of medicine. They are trying to prevent them from becoming legal practitioners of the healing art. Now, the question is, what is the animus that actuates the doctors in their fight against the irregular practitioner? If they really wish to protect the people against ignorant persons handling dangerous drugs, then certainly their impulse is a good one whether their methods are commendable or not.

But is this their purpose? Manifestly not, for they include the osteopath in their category of enemies. The osteopath gives no medicine. They do not believe in giving medicine. Their method of curing disease does not involve the use of drugs at all. They think they can by accurate knowledge of the disease and by certain manipulations of the body render all the assistance that Nature needs. At least they are not proposing to give any medicine.

Then why do the doctors object to their practicing? They certainly make some cures. They already have a large following. Many thousands of people feel sure that they have been cured by osteopathy. Why not let them alone then? To offer any obstruction or hostility to them very clearly reveals that there is another purpose than the protection of the people from ignorant drug venders.

The only way to account for such an attitude on the part of the medical profession is that they fear that these osteopaths will teach the people that there is another way to get well than by taking drugs. This would be a dreadful heresy to scatter amongst the people. It would certainly strike the medical profession at a vital point. It would compel them to measure the results of drug doctoring with the results that attend other modes of healing disease.

No fair minded man would wish to hide behind imperfect statistics. If osteopaths can cure more people than drug doctors can cure, they should certainly be allowed to practice. If they cure fewer patients than the drug doctors do, it will not take the people long to find it out.

So long as the medical profession confined their crusade to ignorant venders of drugs, so long at least, they had the right to claim that they were acting in the interests of the people, but in opposing osteopaths they have gone one step too far. They have hung themselves with their own rope. They have shown clearly that it is not the interests of the people they are seeking, but it is their own interests. They fear that the people's confidence in drugs will wane and they will therefore

lose some patients.—Jan. Number of Medical Talk, published at Columbus, Ohio.

One View of Colds.

J. FREDERICK FARMER, D. O., SPRING VALLEY, MINN

What is a cold? How, as we colloquially say, do we catch cold? Why does one catch cold in the lungs, and another in the nasal passage?

These are questions of daily occurrence to both patient and practitioner. Especially the last one, why does a cold affect one person in one locality and another in some other part of the body? And an understanding of this subject may lead us to either avoiding, or ameliorating the severities of colds. It is with purpose of suggestion along this line, that I send this article to print.

There are two aspects of a cold in which the subject may be viewed; one the physical, the other the physiological. Which is the more important must be left for each one to judge for himself.

When we become chilly, either over a circumscribed area of the body, or throughout the organism; two forces are at work to counterbalance the decreased temperature. The thermogenic mechanism endeavors to generate more heat to supply that which has been lost. If this mode be successful, I believe little or no damage results. However, should the thermolytic apparatus attempt to check the loss of heat, the cutaneous circulation is immediately markedly diminished. Owing to the large calibre of the entire cutaneous blood vessels, the sudden decrease of the blood in the dermis induces hyperæmia throughout the circulatory system, gorging all the mucous membranes and capillary systems of the body. If any of these be weak the congestion and blood stasis are the same as the commencement of inflammation. Should the stasis continue sufficiently long to permit exudation and coagulation, the inflammation must necessarily run its course; and be resolved in the ordinary way.

The psychological phase of catching cold is one that we meet with so frequently, that all practitioners are familiar with its

An Aid to Temperance.

B. L. ALLEN, IRVINGTON, IND.

characteristics, and often puzzled with its remedy. Some people insist that they catch cold all the time, or have one. They feel every draught of air, and often feel one, if they think that a door or window is open; while if they ascertain their mistake feel quite comfortable. The attitude of fear hastens and increases the cutaneous contractions, driving the blood more quickly and completely inward, thus aiding the thermolytic centers in their process of harmful protection.

Why should one capillary system be weaker than another; is a natural question. The cause for this inequality must be sought osteopathically in some interference with the vaso-motor centers or fibers that control the affected part.

In this osteopaths can successfully combat and ward off colds, if only they can have the case in time; and can prognosticate the area, that will be involved. And yet there are methods that are not peculiarly osteopathic, which I believe will be found of much value in lessening colds and their ravages. The method must be found in a discussion of our mode of living.

When we are cold, we put on more clothing. When we are too warm we stimulate and urge the thermolytic centers to their utmost. When we clothe ourselves warmly, thermogenesis is not required to warm the body, consequently inactivity leads to incapacity. While thermolysis being exercised so constantly, becomes an accomplished workman. Hence the ready response to a sense of chilliness from the thermolytic centers and such a tardy reply from the heat producing mechanism of our bodies.

Cold baths spur the sluggish heating apparatus to activity and gives it exercise, a hopeful, cheerful attitude of the mind make thermogenesis far easier. And a practice of both these or similar practices render us immune to chills and colds. For example, this in great part was the secret of the barefoot cure, so prevalent a few years since. The exposure of the feet to morning dews and the hardships of exposure to the climatic changes increased thermogenesis: thereby making the organism proof against catching cold.

As far back as A. D. 100, men believed that alcoholic medication was a great injury to the human family. Aristeaus writing about this time says, "The use of wine causes hemorrhage from the head, inflammation of the liver, insanity, apoplexy, paralysis, and is the most frequent cause of ordinary disease." Of course he meant fermented wine. We are sorry that many of our doctors in this day and time are eighteen hundred years behind the times, but such is the case. Galen was born about A. D. 130, and was one of the most voluminous writers of his times, virtually corroborates the above in recommending pure grape juice in preference to fermented wine. Is it not strange that these and other eminent scientists lived so far ahead of their times? Is it not stranger that scientists of today are so far behind their times on this question? It can be accounted largely from one consideration—lack of courage in standing out for truth as opposed to public sentiment.

Skipping several centuries and coming down to 1839, we find this statement signed by 78 eminent scientists of England: "Man, in ordinary health requires not ** stimulants, and cannot be benefited by the habitual employment of any quantity of them, large or small; nor will their use during his lifetime increase the aggregate amount of his labor."

In 1847, the following statement was signed by more than 2,000 physicians in England: "We the undersigned are of the opinion that a very large proportion of human misery, including poverty, disease and crime is induced by alcoholic or fermented liquors as beverages." When we think of the time these statements were made, and the great advances that have been made in knowledge since, we wonder that even the most ignorant cross roads "pill peddler" would be guilty of such a thing as prescribing alcohol for medicine. Yet we find our so called most eminent doctors doing it continually, and turning out drunkards by the hundreds and thousands. This too in the face of the

testimony of some of our most eminent medical men that they find no efficacy in such. Dr. N. S. Davis, ex-President of the American Medical Association says: "I have found no case of diseases, and no emergency from accident, that I could not treat more successfully without any form of fermented or distilled liquor than with." Dr. Andrew Clark of London, who is court physician of the royal family declares that "Alcohol is not only not a helper of work, but a certain hinderer." A still plainer statement is made by Dr. H. E. Greene of Boston who says "It needs no argument to convince us that it is upon the medical profession to a very great extent, that the rumseller depends to maintain the respectability of the traffic." This is a serious charge but a very true one.

When confronted with these things, the doctors will say to us, "Well show us something better than alcohol and we will use it." I am not a doctor, neither do I profess to know anything about medicine, yet I think I know something better than alcohol, yes or any other drug. And I believe it is destined to be a great help to temperance in that it does away with all drug medication. It is scientific and successful. Hundreds yet thousands already testify to its good effects. It was discovered in 1874 by Dr. Andrew T. Still out on the plains of Kansas and Missouri, but it has come into prominence only in the last six years. As we have said, it is a method of treatment in which no drugs whatever are employed. It is not faith cure, christian science, hypnotism, dowieism or anything of this kind. It is strictly scientific in every sense of the word. It is a method of healing the body by the adjustment of the parts that are wrong. It may be the nerves, blood, bones, heart, lungs, stomach, or some other part of the body. It is done with the hands simply, and the bones are used as levers. It is not massage or rubbing, but more properly speaking, manipulation. It is removing the pressure that nature may assert herself and heal the diseased part. I refer to what is commonly known as osteopathy.

I have been treated for two very severe cases by this method, and can testify to its

efficacy. In any case of sickness, I had rather risk it than drugs. Many cases that other doctors have abandoned as incurable, have been effectually cured by osteopathy. What is good in chronic cases is also good in acute ones. There are now six osteopathic physicians in Indianapolis, and many scattered throughout the state, and so far as I know, they are all doing a legitimate business. We have never heard of a real osteopathic physician doing otherwise. Being better acquainted with Dr. Geo. W. Tull, 66 When Building, Indianapolis, I can especially recommend him. He is a graduate of the American School of Osteopathy and very skillful in his profession. He is having many patients, and is meeting with good success.

Osteopathy has been legalized in about ten states, and being yet in its infancy, it is destined to accomplish much for humanity. It will be a great help to temperance in that it does away with all drugs—alcohol included. The making of drunkards by the doctors, will cease as this rational, scientific, and natural method of treatment comes more and more into use. We don't say that this will be a solution of the drink problem, but we say it will be an aid to it, and as such it should be welcomed by all true reformers. When we get doctors to quit making drunkards, we will not have so much drunkenness to contend against in the righteous war against this infernal business which we are now waging. May God grant that the temperance hosts now marshalled against King Alcohol will stand firm until he is completely dethroned and sobriety and peace takes his place.

* * *

Personal Mention.

Dr. Evans and Owens of Chattanooga, Tenn., have dissolved partnership. Both will remain in Chattanooga.

Dr. C. O. Deeming of Rock Fall, Ill., is visiting relatives at Kirksville. He is a frequent visitor at the A. S. O.

Dr. J. F. Minnear was a recent caller at the JOURNAL office. He has sold his practice at Iowa City to Dr. A. Still Craig.

Dr. C. L. Goben, of Bryan, Texas, re-

cently visited his Alma Mater, the A. S. O. He reports a good practice.

Mrs J. R. Musick, D. O., of Omaha, Neb., was called to Kirksville recently to attend the funeral of her mother.

Dr. Geo. Eckert, of Cleveland, Ohio, attended to business in the January term of the circuit court held at Kirksville. Dr. Chas. Richardson of the Senior Class had charge of his practice during his absence.

Dr. J. S. Baughman, of Burlington, Ia., was here for a few days in the interest of a chart which he is publishing. A description of his chart is given elsewhere in this issue.

Dr. Geo. D. Chaffee, of Appleton, Wis., is taking a course of treatment at the Infirmary. Miss Linnie Lindsay, D. O., has charge of his practice.

Dr. Wm. West, of Centerville, Ia., recently brought a patient to the Infirmary for an X-ray examination.

Dr. Harry McLain, of Terre Haute, Ind. is visiting the A. S. O. for a few days. He has a good practice at Terre Haute.

Dr. Alva Hiett, of Bedford, Ia., is visiting the A. S. O.

Dr. L. D. Allabaugh, of St. Charles, Mo. is building up a fine practice at that place. The doctor has made many friends for Osteopathy and through his influence several students will enter the February class of the A. S. O.

Dr. Iva Keyte, of Lewiston, Mont., has returned to the A. S. O. for treatment. Mrs. Ina Browne, D. O. of the Feb. class has taken his practice.

Dr. James F. Poage, of Albany, N. Y., is now in Kirksville on account of the recent death of his wife. He will not engage in practice for the present.

Dr. Chas. Still and Judge Abbott, of Lincoln Neb., went to Washington, D. C., recently to attend to matters relative to the cause of Dr. Little of Neb. A report will be made later as to the course Dr. Little intends to take in regard to his case. Dr. Chas. visited a number of osteopaths in the east and reports all doing a nice business.

Dr. Karl Smith, of Ft. Dodge, Ia., and Miss Nellie Maslick, of Evanston, Ind., were married Dec. 25, 1900.

Dr. John Spencer, of Savannah, Mo., and Miss Bessie Watson, of Bolckow, Mo., were recently married.

Dr. Frank S. Gage, who graduated at the

A. S. O. in 1898, died at his home in Fairfield, Ia., on Dec. 26, 1900. He was afflicted with paralysis.

Mrs. J. E. Gregory, D. O., has changed her location from Dawson City, Ky., to Louisville, Ky.

Dr. J. D. Wirt has sold his practice at Bloomington, Ill., to Dr. I. J. Hartford, of Dayton, Ohio, and has formed a partnership with Dr. W. H. Eckert of St. Louis, Mo.

Dr. Will Potter, of Seattle, Wash., has passed the examination for medical doctors in his state. The examination was on fifteen subjects, including materia medica. He will practice only osteopathy but by passing this examination he will conform to the law as it is at present.

Miss Tappan and Miss Hayes have some osteopathic calendars left which are for sale at 20 cts each and for less to those desiring a number. Address Miss Lola L. Hayes, D. O., Ottawa, Illinois.

Dr. Arthur A. Roland of Washington, D. C., will locate at Greenville, Ohio.

Dr. Hildreth came up from Jefferson City last Saturday to sign diplomas.

* * *

The Atlas Club Minstrels.

The Atlas Club gave amusement to a crowded house in Harrington's Theater Friday, Feb 25th.

Without any exception it was a great success and will long be remembered by those who attended. The success was mainly due to Mr. Allen Gravett in getting the different specialties together and also the rich jokes passed on the different professors which were the features of the evening. Among the most pleasing features of the evening were selections rendered by Messrs Link, Kingsbury, Hodges, Chance, and Chairman Baggs.

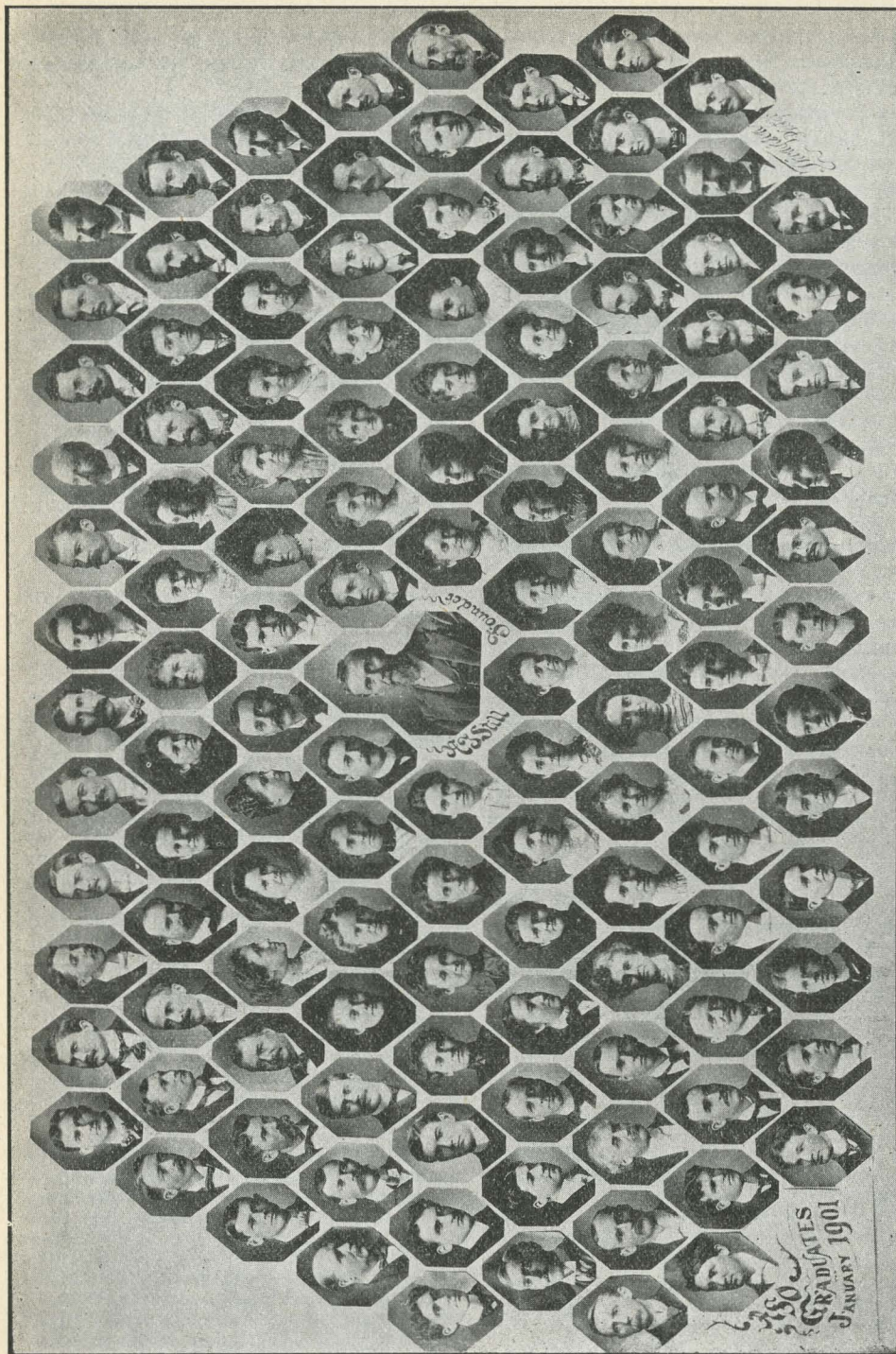
The Bones and Tambourines kept the house in a continuous laughter with their funny farces.

Part second was introduced by the famous Pollock Bros. in their Dröll Darkey Ditties and dialogues being followed by H. L. Chiles, the unique humorist.

Although being the first appearance of Messrs Hodges and Gravett on the stage in their Afro-American absurdities it could hardly be surpassed by actors who have svent the greater part of their lives in this profession. The performance was concluded by Mr. A. O. Gates and Clifford Stearnes, the recently reformed pugilist, in their Red Hot Massage. The entire program was accompanied by the A. S. O. Orchestra under the directorship of Prof. Martin, Mr. F. H. Warren acting as pianist.

M. B. CRAVEN.

Roster of Students in the Feb. Class, 1901.



GRADUATING CLASS.

Photo by Thompson

- | | | |
|----------------------------|-----------------------------|----------------------------|
| Louise Banker Allabach | Angie Wiley Greeno | Annie B. Jaquith Pitts |
| William M. Arnold | Florence R. Haile | Ernest Powell |
| William Ashton Atkins | Annie Hannah | Lucy Kirk Peel |
| Milton A. Barr | Leon Ernest Harlan | Cora Powell |
| William Charles Beaven | Neville Edward Harris | Emma Hook Price |
| Lula Leota Beeman | Sylvester W. Hart | George Robert Price |
| John A. Bell | Glen Hendrickson | Robert Lem Price |
| J. Lee Boswell | John C. Herman | David Sans Brown Pennock |
| Margaret Mitchell Bowes | Ferdinand C. Heyer | Arthur Patterson |
| Everett Eugene Bragg | Clark Orin Hoagland | James Franklin Reid |
| Andrew J. Brown | Edward D. Holme | William Edward Reid |
| Ina Fuller Browne | Evangeline Bowker Howick | Della Renshaw |
| Maria Buie | Arch B. Howick | Jesse Allan Root |
| Herbert Hendrix Carter | Kathryn Luvanne Huston | Minnie Schaub |
| Christopher Otho Chatfield | John Lewis Hively | Lorena May Schrock |
| Henry Walter Chatfield | Elizabeth Mary Ingraham | Annie K. Sherman |
| Charles Carroll Cleary | Robert Emmet Jameson | Joseph L. Shorey |
| Charles Cornelius | Hubert Clayton Jaquith | Ada Belle Sisson |
| Mary Belle Cornelius | Fanny Coddington Kattenhorn | Henry R. Smith |
| Mamie Cramb | Louis Clair Kingsbury | David C. Smith |
| Tena Clemmons Cramb | Leonidas Augustus Kissinger | Sarah Ann Snavelly |
| Thomas Jefferson Collins | Margaret Spaulding Laughlin | J. Elmer Snyder |
| Elizabeth Parke Crowder | Alma B. Leitch | Ralph A. Sweet |
| Clara Miller Covert | Orella Locke | Seth Minard Trowbridge |
| Edgar William Culley | Caroline E. Lukens | Harry Alvey Thornbury |
| Henry Daniels | Florence Lenore McCoy | William Thorington |
| Clara Anna Davis | Thomas S. McClanhan | Walton True Thomas |
| Daisy Elizabeth Denniston | Mrs. Will E. McConnell | Thomas Vallier |
| Elmer Leonidas Denniston | Emma Parish McGarr | Myrtal Amanda Vance |
| James William Dixon | Bertram Maier | William J. Webb |
| Robert Hodge Dunnington | Ernest Sumner Manatt | Joseph Wenger |
| J. Cary Edwards | Addison S. Melvin | Clara Caroline F. Wernicke |
| Julia Fogarty | Abram L. Miller | Charlotte Bernard West |
| Walter Jay Ford | William Bellus Miller | DeWitt Clinton Westfall |
| Flora Anna Frederick | Ulysses Telemachus Miller | Theodore M. Westfall |
| Evans B. French | Alvaro Dee Morrow | Clifton Everett Whitney |
| Fred W. Gage | P. Henry Murry | Elizabeth V. Wilson |
| Warren L Gardiner | Milton Lee Maxwell | William Combs Wilson |
| Elmer Ellsworth Giltner | Philip King Norman | Lynne Graham Wright |
| J. Luther Glasgow | Mary Eleanor Noyes | Ambrose B. Wyckoff |
| Charles M. Graham | George Washington Pauly | A. Howard Young |
| William Allen Gravett | Paul Mortimer Peck | John Richard Zimmerman |

Program of Exercises During Commencement Week at the A. S. O.
February Class, 1901,

DOCTORATE SERVICES.

Sunday, January 27, 1901, 11 a. m.

- | | |
|--|-----------------------------------|
| Song | Glee Club |
| Scripture Reading and Prayer | Dr. C. W. Proctor |
| Vocal Solo—"The Lord is King"—Coombs | Howard H. Plowe |
| Sermon | Rev. T. P. Haley, Kansas City, Mo |
| Song | Glee Club |

CLASS DAY EXERCISES.

Wednesday, January 30, 2 p. m.

Music.....	A. S. O. Orchestra
Address, Class President.....	Dr. Addison S. Melvin
Class Poem.....	Wm. C. Wilson
Duet—"I Heard a Voice in the Tranquil Night"—Glover,...	Misses Wilson and Schaub
Reading—"Tom Sawyer's Love Affair".....	Mrs. Wm. West
Class History.....	Mrs. Archie Howick
Vocal Solo—"A Day Dream"—Streletzki.....	Miss Winfred Bryan
Class Prophecy.....	Miss Florence L. McCoy
Music.....	A. S. O. Orchestra

COMMENCEMENT EXERCISES.

Thursday, January 31, 7:30 p. m.

Music.....	A. S. O. Orchestra
Invocation.....	Rev. H. A. Northcutt
Music.....	A. S. O. Glee Club
Address, Class Representative.....	Paul M. Peck
Music.....	A. S. O. Orchestra
Address—for the faculty.....	Dr. C. W. Proctor
Music.....	A. S. O. Glee Club
Address and Presentation of Diplomas.....	Dr. A. T. Still
Music.....	A. S. O. Orchestra

CLINICAL REPORT

REPORTED BY MRS. E. E. PRICE, SENIOR STUDENT.

Mr. R. M. Harrison, of Jefferson, Oklahoma, T., had chronic constipation of seven years standing, not having had a natural action of the bowels in that time.

He took violently ill in February, 1900, with what the M. D.'s called neuralgia of the stomach. After taking treatment of his home physicians and getting no better went to Kansas City, taking treatment from three different M. D.'s, the last advising him to go home to his friends, that good nursing was the only thing that could be done. He went home but grew worse. I was called to see him the 7th day of July following, found him very much emaciated and suffering intense pain at the left side, it being so sensitive as to cause a moan when touched.

There was no tenderness and little sensation in other parts of the body. The spine was rigid throughout with the atlas misplaced to the left; 2d, 3d, and 4th cervical to the right; and 12th dorsal posterior; the eleventh rib overlapped the ninth and 10th; the liver was enlarged, hard, and without sensation, the left side was enlarged from the region of the spine to the ilium. Besides the extreme enlargement of the spleen there was a peritoneal growth that was giving him as much pain as the spleen.

The treatment was direct to the lesions above named. The results are best expressed by quoting from a letter written by him, dated Dec. 5, 1900. "Tell clinics I weigh 150 lbs. and never felt better in my life. Thanks to you and Dr. A. T. Still and his great discovery. I am completely cured of the drug habit."

REPORTED BY MR. AND MRS. HOWICK.
SENIOR STUDENTS.

Mrs. Ramsey has been ailing since 10 years old and she is now 30 years of age. Badly constipated ever since 10 years old. She has never had a natural passage since 12 years of age. Has had dysmenorrhoea from puberty. Bad spell of malaria when 15 years old. Confined to her bed 31-2 months. At 17 severe attack of bronchitis which lasted through the winter. Has had attacks of nervous headaches from puberty which gradually grew more frequent and more severe up to three winters ago and she then had a constant pain in the head and roaring in the ears. At 20 years of age she was taken with inflammatory rheumatism. Has had many attacks of lagrippe; dropsical condition of whole body for two years previous to this time. Took a great deal of morphine to deaden pain. Insomnia during her last three winters. She has gone two weeks without one hour's sleep. Her mind was affected and one doctor told them she was losing her mind and would have to be taken to an asylum. She would sit and cry for hours at a time.

Sept. 1, 1900, she took down with inflammation of the bowels. On Oct. 26, 1900, came to Kirksville as a last resort. Mrs. Ramsey sought the best of medical aid in these years and had consulted nineteen M. D.'s and one magnetic healer. She had also taken all kinds of patent medicines, but did not find the relief she so needed.

She came to the Infirmary Oct. 27th, 1900, and was assigned to Mr. and Mrs. Howick as clinic.

Lesions found: Tissues at base of skull very tense and no motion between 3d and 4th cervical, with tissues thickened around these vertebrae. Anterior 6th dorsal, 4th and 5th lumbar to right and whole spine stiff from 6th dorsal to 4th lumbar and right innominate slipped posterior; also end of 12th rib under 11th rib and rib down over the spleen. Retroversion of uterus and prolapse of rectum. Eyes showed insanity.

Took 7 weeks treatment at the end of which time she returned home, never having had an attack of headache after the

first treatment. Her bowels are regular, dropsical condition gone, roaring in ears gone, eyes natural. She could hold an intelligent conversation and enjoy it, a thing she would not do when she came here. She could walk a distance of one mile without marked fatigue.

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REPORTED BY D. L. CLARK, D. O. SHERMAN, TEXAS.

A Mr. Heber Vestal who was in Arkansas at the time, but whose home is in this city, was thrown from a rapidly moving train, falling on his left shoulder and back. He was picked up apparently dead and did not gain consciousness for several hours. Upon examination it was found that his back was broken in the dorsal region, producing paralysis from the injury down.

The relatives here had seen and experienced some of the good work done by osteopathy and determined to bring him and put him under the treatment as soon as he could be moved. I was called to see the young man on the 12th day after the accident and found him in a very critical condition indeed. His temperature was 103 1-2 pulse 115; respiration very much impaired; constant cough with no expectoration; complete paralysis of lower limb; urine very abundant in quantity, very offensive odor, contained blood, pus, and epithelial cells, and had to be removed with a catheter; and absolutely no control of the bowels. On further examination, I found the 5th, 6th, 7th and 8th dorsal vertebrae dislocated posteriorly (not just a slight slip but dislocated); the 4th, 5th, 6th, 7th and 8th ribs on right side dislocated at vertebral end and well bunched together in front; on the left side the 5th, 6th, 7th and 8th ribs very much like the right side.

Of course this was a pretty hard proposition, but the friends were confirmed in the belief that osteopathy would help him if any method could, and insisted on my doing what I could to relieve him. I held out little hope of recovery but determined to do my utmost. I made two calls the first day and after my second visit came to the conclusion that if anything was to be accomplished, that the dislocation there must be corrected.

Now the injury had caused so much inflammation and the sensation around the affected parts was so acute that I knew it would be impossible to do anything with all his senses active, so decided to anaesthetize the patient. I told the friends that chances were very much against him, but that it was sure death if we didn't perform the operation, so they were more than willing that we should proceed with the work. On the following evening, with a local physician to administer the anaesthetic, we proceeded to the bedside of the patient. I had already sent an operating table to the place earlier in the day; the patient being a well developed muscular man, I realized that I would need every possible advantage. After he was put under the influence of the anaesthetic, we removed him to the operating table, and on careful examination I found in addition to the former lesions mentioned; the spine of the 4th dorsal broken off; also right transverse process and spine of 5th and left transverse process, and right transverse and articular process together broken off the 6th.

In thirty minutes after we had begun the work I had every vertebrae, and every piece that had been broken off put to their respective places, and all of the ribs back but one which was torn loose from all its ligaments and would not stay when replaced. He stood the operation splendidly. In twelve hours his fever had fallen to 102 1-2 with pulse 105. Thirty-six hours after the work was done, fever 101, pulse 95. Four days and nights have elapsed and at this writing his temperature is 98 1-8; pulse 80; tongue clear; appetite good; bowels move twice a day; urine reduced in quantity 40 per cent, and having no offensive odor; tingling sensation in feet; can tell when bowels are going to move; cough almost entirely subsided, and all indications are favorable, yet the case has not developed sufficiently to justify us in saying what the outcome will be.

Anyone wishing to know the outcome of this case can do so by making the request to me.

REPORTED BY L. D. ALLABAUGH, D. O.,
ST. CHARLES, MO.

Quick Consumption:—

Quick consumption is what Miss S——

physician had told her she had. The young lady came to my office very much frightened and affected with a disagreeable hacking cough. On examination I found lateral lesion from 2d to 5th dorsal, and lungs interfered with by a drooping of the ribs. She was also badly constipated and had been for a long time. The cough was stopped in three treatments and she was relieved of all her troubles within the first month and can't say enough for the science.

Eye Trouble:—

A case of eye trouble of long standing. Mr. R—— of this place has a growth on either eye, quite large and growing. He had consulted an oculist in St. Louis and asked him whether or not he could give him something to take it off. The specialist said no, there is nothing under the sun will take it off but the knife. He came to me and the abnormality is fast disappearing. He intends to visit the St. Louis doctor and show him what osteopathy has done.

Constipation:—

A case of twenty years standing. Mr. M—— called and said "Can there be anything done for me. I have taken medicine until I am sick and tired of it and have never gotten anything for my trouble but temporary relief." I took the case and discharged him cured a month ago after taking one month's treatment. He has never taken any medicine since the first osteopathic treatment.

Sciatica:—

Mr. M—— of Dardum Mo., called at my office and was suffering intensely, could get no relief day or night and said he had tried all the remedies he could think of but osteopathy and wanted to know if I would guarantee a cure. I said no, but I will do this, you pay me half of my fee and if at the end of the month you are not much benefited or cured you needn't pay the balance. He paid the balance and was more than satisfied in one month.

REPORTED BY H. P. ELLIS AND SUE E.
ELLIS, CANTON, ILL.

Intestinal Obstruction:—

Master C—— 7 months old, was taken sick Sunday Sept. 9th. Medical men were called as usual. Diagnosed case intestinal obstruction. On the following Wednesday at noon they gave up the case as hopeless as they were unable to get the baby's bowels to move without resorting to the knife which the M. D.'s recommended. Without the use of the knife the child would die in twelve hours they stated. The parents thinking the little boy most too young to butcher concluded to try Mrs. Ellis, the lady osteopath, who was called about 3 o'clock same day. The result was the baby's bowels moved nicely after the first treatment and as usual under osteopathic treatment the baby was well by the following Sunday.

Chronic Liver and Stomach Trouble:

The 10th day of last April I was called to Mr. K—— who had been unable to work for two years, had been given up by all local doctors, and Chicago specialists called to no avail. He was unable to sit up much of the time, could not stand with eyes shut, patella reflex gone. He was badly emaciated, would take spells of vomiting green vomit for ten days at a time, about two of these attacks per month, could not keep anything on his stomach. Pulse rate 120 all the time. To say the least of it, Mr. K—— was in a very critical condition. He tried osteopathy three months and is now a stout and hearty man. I just received a letter from him a few days ago and he stated that he never felt better in his life and that osteopathy did it

Insanity:—

Mr. E—— sent for us on May 31st through the influence of friends to call and see his wife who at that time was insane and had been for three or four weeks. The M. D. had been to see her once and sometimes twice a day for eight weeks. Friends of the M. D. told us there was no use in going for the lady had been given up by the

best M. D. in the city and she was past all hope. We did go just as we always do and diagnosed the case as anteversion of the uterus. By removing the cause and leaving off the drugs in two weeks treatment she became rational, in one month she was able to walk one mile to our office and in seven weeks was sound and well. Mrs. E—— says she now weighs 131 pounds, and 96 when she began taking osteopathic treatments, and says osteopathy is good enough for her.

Catalepsy:—

Miss H—— aged 20, school teacher, came to us February 17, 1900, suffering with spells as she called them so she had to quit her school. The attacks would come on suddenly no matter in what position she was in, arm up or just in the act of stepping she would become rigid and unconscious for two hours at a time. I found the lesions all on the left side, four lower ribs down, innominate tipped forward on same side, deep muscles of neck on left side very much contracted, left eye very red and swollen, heart very irregular and labored. I gave her a treatment that day, Saturday. She had a light attack the next Tuesday that lasted about thirty minutes, but was not unconscious. She has never had an attack since. She is entirely well and only took eight treatments. She says osteopathy is good enough for her after trying drugs for two years and getting worse all the time.

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REPORTED BY DR. M. HOOK, DENISON,
TEXAS.

Appendicitis:—

After four weeks treatment by an M. D. for appendicitis and preparations completed to perform a surgical operation. I was called at 11 p. m. Sept. 13th, found patient, a young German 24 years of age, suffering very much, perspiring copiously, severe pain at upper left lumbar region. On palpation found fecal impaction in splenic plexus of colon. Ten minutes manipulation relieved the bowel, also the severe pain. Six treatments put him to work, cured of his *appendicitis, nit.*

While at Dallas State Fair Oct 6th, amitheatre fell. Mr. M—— aged 47, fell about 10 feet, alighting on his back, striking the 5th lumbar vertebra on the edge of an upturned board, was helpless for two weeks; treated by best medical talent and porous plasters and yet got no relief. Dr. Hook was called as a last and doubtful resort. Found patient unable to move body. Fifth lumbar very much anterior. Also lesion at 12 dorsal, well marked posterior curvature. After five treatments patient was able to walk five blocks to office. Six weeks treatment and he is entirely free of pain but is still taking treatment. Fifth lumbar corrected after one week's treatment. He is full of praise for osteopathy and thanks to A. T. Still.

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REPORTED BY CHAS. SOMMER, D. O.,
MUNCIE, IND.

Stomach Trouble:—

In Sept. 1899, I treated a young lady who had suffered from daily attacks of gastralgia for two years. Seven osteopathic treatments gave her permanent relief.

In July, 1899, I treated a minister, who had been afflicted with a constant headache, and pain in the stomach, due to chronic gastritis. He had suffered for months. He took fifteen treatments, and has not felt a pain in his stomach since. He then weighed but 130 lbs. He now weighs 168 pounds.

I was called to see a prominent business man last April. I found him suffering from severe pains in the stomach, and very weak from almost constant vomiting for forty-eight hours, which the M. D.'s could not relieve. The osteopath was called as a last resort. One treatment greatly relieved the patient, and in three days he was able to resume his work.

Uterine Trouble:—

A lady 30 years of age, who had suffered since puberty with uterine trouble, was advised by the M. D.'s that nothing but the operation of hysterectomy could save her life. The uterus was ulcerated and

displaced. She suffered with distressing pains in the lower part of her back, and was very weak. In July, 1899, she concluded to try osteopathy before submitting to the operation. There was no change in her condition at the end of the first three months. At the end of twelve months, she had gained 25 pounds and was discharged entirely cured.

Constipation:—

A lady over sixty years old had been troubled with constipation for many years. Her bowels did not act without the daily use of purgatives. She tried osteopathy in Jan. 1899, and after two months treatment, she had no more trouble with her bowels, and has better health at present, than she has had for many years.

Paralyzed Arm:—

In January, 1899, a man with a paralyzed arm came to me for treatment. He was not able to move a muscle of the shoulder, arm or hand. After five months treatment he took up the pick and shovel, and worked on the section of the Big 4 R. R.

Asthma:—

A young lady had suffered constantly from asthma for eight months. During the month of September she took eight osteopathic treatments, which gave her permanent relief.

Chronic Diarrhoea:—

A prominent business man of this city, who had been troubled with chronic diarrhoea from boyhood, and became much worse four years ago, came for treatment last September. He was entirely cured in one month, and since that time he has constantly gained in strength and flesh.



Pat. May 20, 1900.

BAUGHMAN'S
Adjustable Chin Support.
Prevents mouth breathing so often found with children, convalescing patients and old people. Prevents snoring, laryngitis, and catarrh.
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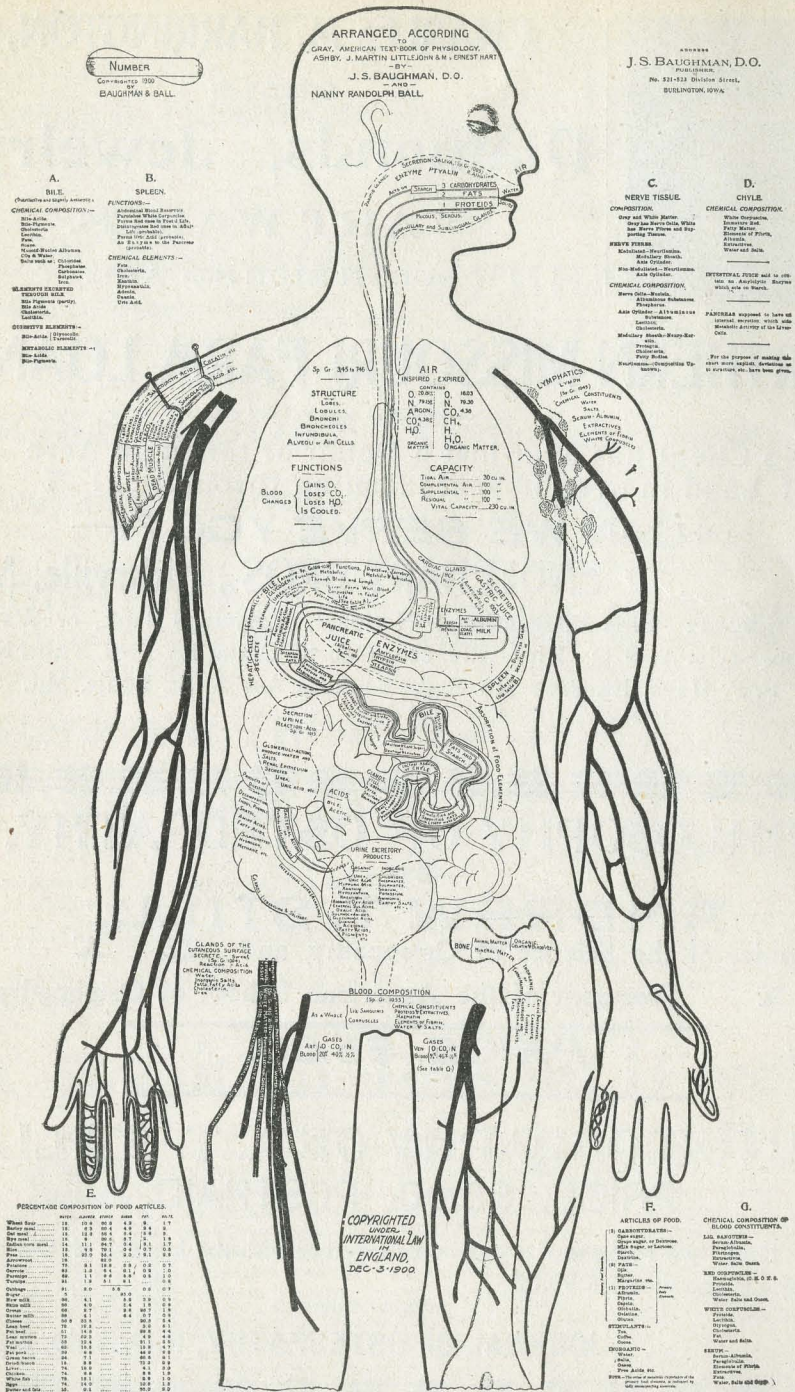
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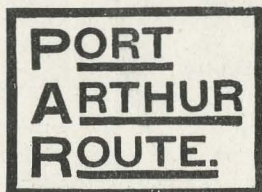
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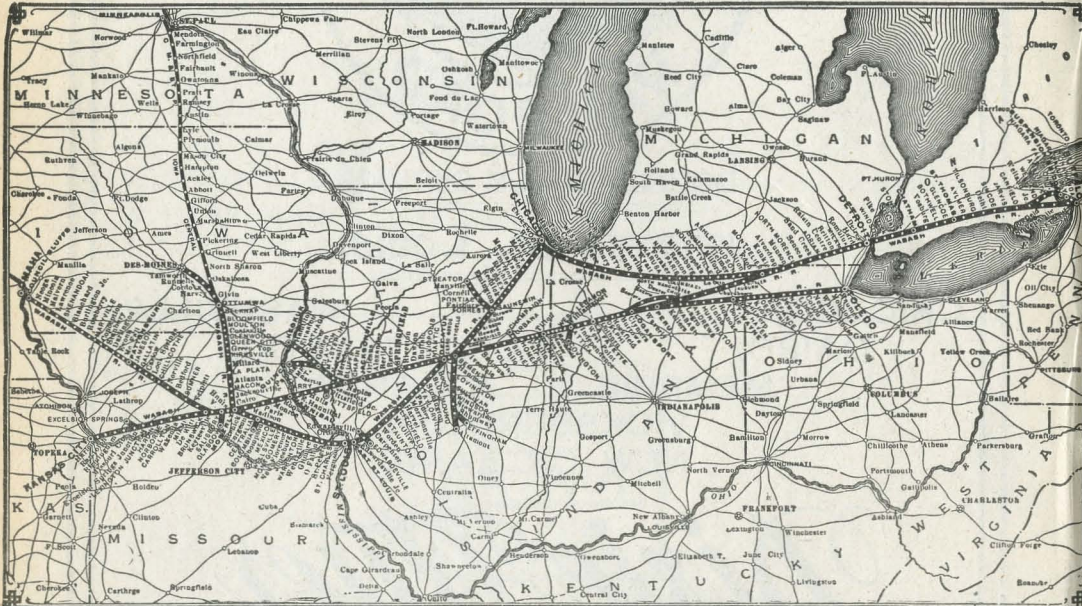
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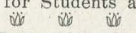


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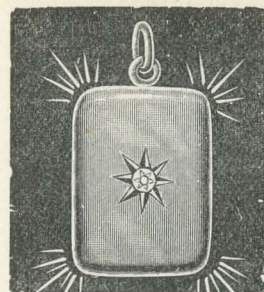
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