

# **The Journal of Osteopathy**

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# THE JOURNAL OF OSTEOPATHY

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## APPENDICITIS.

Extract From Dr. A. T. Still's New Book, *The Mechanical Principles and Philosophy of Osteopathy.*

At the present time, more than at any other time since the birth of Christ, the men of the medical and surgical world have centralized their minds for the purpose of relieving local conditions, excruciating pain, below the kidney in both the male and female.

For some reasons, possibly justifiable, it has been decided to open the human body and explore the region just below the right kidney in search of the cause of this trouble. The explorations were made upon the dead first. Small seeds and other substances have been found in the vermiform appendix, which is a hollow tube several inches in length. These discoveries led to explorations in the same locality in the living. In some of the cases, though very few, seeds and other substances have been found in the vermiform appendix, supposed to be the cause of inflammation of the appendix. Some have been successfully removed, and permanent relief followed the operation. These explorations and successes in finding substances in the vermiform appendix, their removal, and successful recovery in some cases, have led to what may properly be termed a hasty system of diagnosis, and it has become very prevalent, being resorted to by many physicians, under the impression that the vermiform appendix is of no use, and that the human being is just as well off without it.

Therefore it is resolved, that as nothing positive is known of the trouble in the location above described, it is guessed that it is a disease of the vermiform appendix. Therefore they etherize and dissect for the purpose of exploring, to ascertain if the guess is right or wrong. The surgeon's knife is driven through the quivering flesh in great eagerness in search of the vermiform appendix. The bowels are rolled over and around in search of the appendix. Sometimes some substances are found in it, but more often, to the chargin of the exploring physician, it is found to be in a perfectly healthy and normal condition. So seldom is it found containing seeds or any substance whatever that, as a general rule, it is a useless and dangerous experiment. The percentage of deaths caused by the knife and ether, and the permanently crippled, will justify the assertion that it would be far better for the human race if they lived and

died in ignorance of appendicitis. A few genuine cases might die from that cause, but if the knife were the only known remedy, it were better that one should die occasionally than to continue this system.

#### ANOTHER VICTORY.

Osteopathy furnishes the world with a relief here which is absolutely safe, without the loss of a drop of blood, that has for its foundation and philosophy a fact based upon the longitudinal contractile ability of the appendix itself, which is able to eject by its natural forces any substances that may by an unnatural move be forced into the appendix.

I have treated many cases of appendicitis, probably running in numbers up into hundreds, without falling to relieve and cure a single case. The ability of the appendix to receive and discharge foreign substances is taught in the science of osteopathy and is successfully practiced by its doctors. In my first case I found a lateral twist of lumbar bones. I adjusted the spine, lifted the bowels, and the patient got well. I was once called to see a lady who had been put on light diet, by the surgeon, preparatory to the knife. She soon recovered under my treatment without any surgical operation, and is alive and well at this date.

#### MANY QUERIES.

To many, such questions as these will arise. Has the appendix at its entrance a spincter muscle similar in action to that of the rectum and œsophagus? Has it the power to contract and dilate, to contract and shorten in its length and eject all substances when the nerves are in a normal condition? And where is the nerve that failed to act to throw out the substance that entered the cavity of the appendix? Has God been so forgetful as to leave the appendix in such a condition as to receive foreign bodies, without preparing it by its power of contraction, or otherwise, to throw out such substances? If He has, He surely has forgotten part of his work. Reason has taught me that He has done a perfect work, and on that line I have proceeded to treat appendicitis for twenty five years, without pain and misery to the patient, and have given permanent relief in all the caaes that have come to us. With the diagnosis of doctors and surgeons that appendicitis was the malady, and the choice of relief between the knife and death, or possibly both, many such cases have come for osteopathic treatment, and examination has revealed in every case that there has been previous injury to some set of spinal nerves, caused by jars, strains, or falls. Every case of appendicitis and gall or renal stones can be traced to some such cause.

These principles I have proclaimed and thought for a quarter of a century.

## ORGANIZATION AND LEGAL STATUS.

DR. CARL P. MCCONNELL, 57 WASHINGTON ST., CHICAGO.

THE osteopath's first and bounden duty is to uphold and protect his school; he owes it to his science just as much as a debt of good citizenship is claimed by the community in which one lives. Every one of us is apt at times to forget what obligations we really are under; if it has not been a matter of regaining personal health, there should be a consideration of pride and loyalty, and, indeed, a great privilege to be a supporter of this infant science. A work, that by virtue of its fundamental principles, backed by every day practical results in the sick-room, must necessarily exert a profound change and reform in the treatment of human ailments and can not be classed as the least among the many important additions to practical medicine and surgery of the age. We should be proud of the privilege of being a pioneer in this magnificent work.

It is the practitioner's duty to be loyal under all situations, for if our position is wavered ever so little, in even one instance, there will be the inevitable reaction or "day of reckoning," which affects us both individually and collectively. Our principles should be absolutely adhered to and consistently followed. Principles are fundamental truths and there can not be any two interpretations. The parts of truth may broaden and branch out, but there will be no distortion or twisting.

A goodly number of us are preparing to make the study of osteopathy a life work. Where can we find a grander work to do? Where a broader field, in its various phases, for humanity's sake? To the initiated these questions are self-evident. Consequently to do better, more thorough work, and to be in a position to claim and demand our rights, we should be more thoughtful of our organizations. Every sincere worker should be a member of the national association, especially.

It is too bad that more of the earnest toilers in the field have not made themselves more thoroughly acquainted with the object and aim of the American Osteopathic association. Some have been, quite likely, deterred by personal matters, especially their practice demanding attention, others by pleasure; still others have been indifferent. However, all will realize sooner or later the necessity of banding closer together, and no prophet is required to foretell that the time is at hand.

A realization by the individual, that he can not afford to remain aloof, is imperative; if not from a sense of personal and fraternal duty, it will assuredly be thrust upon him from a material view-point. One can no more remain alone in this work than can the pioneer frontiersman serve his best interests by remaining independent of his neighbors. Like the pioneer, in any work, we are obliged to band together, primarily, to promulgate our principles, and, secondarily, for protection. He who remains extraneous to the association will be greatly weakened and incapacitated in the intellectual and legal com-

bats that are imminent, indeed, no one can even afford to remain outside, for not only will our system (i. e., as a school of medicine) be attacked but probably not a few private practices will suffer in consequence.

I trust I am not a sensationalist in any sense of the word. I am only desirous of emphasizing certain important features of the osteopathic situation, as I believe we will have considerable trouble in controlling the course attempted—preserving and developing osteopathy as a separate and distinct school—unless we are more loyal and get together in much better heart and response than we have already done. In a way the osteopathic development as regards associations and societies is too shallow; which, of course, is not only threatening and hampering the present work, but endangering the public's respect for osteopathy as an independent system. There is, also, a little lack of staunchness among a few, a tendency to mix therapeutics and depend too much on adjuncts for the good of pure osteopathy. This will never do; it must be osteopathy or nothing. We can not compromise. Our course is already mapped out and the wavering ones should be overwhelmed by opposing numbers.

Our present needs summed up are:

First, it is absolutely essential that every osteopath join the American Osteopathic association. It is only through an association that we can demand any rights whatsoever. In many ways, particularly in a popular sense, we have a magnificent start. Just think of all the good work that has been done in state legislatures. But I fear for the future if we do not stand fast as a solid body.

And, the second need is a longer college course. I feel positive this is the pivotal point for the future. We can not expect special legislation to hold. We must go in on the basis of equality. Here is to be the fight of the future, and the sooner we fully recognize it the better. Our school course should be equal to or better in all necessary respects than any other school of medicine; not only for the salvation of osteopathy as an independent system but for legal standing as well. Our present legal status is so far very good but it will have to be improved upon to stand. Would it not be better for us to initiate the move for better laws than to have our present "wings clipped?" We can not be degraded to a position of subserviency to any system. We must be on an equality in every way; and, this "equality in every way" does not mean for our schools to teach other than orthodox work; it does mean the turning out of competent all-around family physicians. Then the way to reach this is through the medium of our national association. Here is the place to discuss and settle these problems; where osteopathic interests should be controlled as well as the college course mapped out.

I fear there are scores of good osteopaths in the field that practically know nothing of the workings of the A. O. A. There has been an inertness among the practitioners; a sort of every person for himself. This general laxness has arisen from several causes. Nearly all have been obliged to get a start finan-

cially; this I believe the main cause and of course in a way a legitimate one. Until one is "on his feet," as the saying goes, he can not give his fellow workers the best in him. Then again many practitioners have been considerably isolated; this, naturally, has a tendency to dampen co-operative work on account of distance and expense. Fortunately, these features are being rapidly eliminated, and the different states and the various localities are organizing their respective societies. Now, also, most of the reputable practitioners have their practice established, and the public is being gradually educated to the reliableness and safeness of osteopathic medicine. Has the reader ever stopped to consider how really wonderful has been the simultaneous growth and development of osteopathic thought in every center in the United States? Ten years ago there were not half a dozen practitioners outside of Kirksville.

Other causes for this lack of association interest have been, a misunderstanding of its motives, a feeling that the association had no personal interest in the practitioner, and carelessness. I know of a number that never joined because they felt that the esprit de corps, which is so essential, was lacking. Of course, they fail to recognize the fact that any institution gains brotherly love and spiritedness by individual additions, not by staying away. All should become members, and by each one helping a little a most invaluable association can be established.

Possibly there has not been sufficient advertisement and enough direct appeal to the osteopaths to overcome this apathetic state. I am positive just as soon as all thoroughly know of the whys, wherefores and expectations of the national work, more individual interest will be manifested. Our officers are of the best and represent conscientious workers. The meetings are clearly comparable to any similar convention, and the instruction gained, the interchange of every day practical suggestions, the enthusiasm created, the acquaintances made are not obtainable any other way. Look at the Journal of the association. It speaks for itself. It is more than ably edited, and every osteopath should be proud to be a subscriber. And above all of this, think of the cause we are promulgating! Is it not one's simple duty to subscribe to and support the cause? Our influence should be united for interest in the public welfare, as well as the innumerable personal interests to be guarded.

Again I desire to emphasize that the two main problems before the osteopathic world today are: the college course and the legal status. The latter depends upon the college standing; for we can not ask legislatures for more than we represent ourselves to be. Place our colleges on a basis equal to the best, or better, educational institutions and we can ask for anything within reason, and get it. We can not expect anything better than we actually are. It is the same with the office-man; all things being equal and he sets himself up to be a fifty cent man the public will certainly take him at his word. Our colleges will always be just where we keep them, and our laws in accordance.

What can every osteopath do, individually, to help the present situation? Join the association and thereby add his influence a thousand fold to obtain more and better laws, and a consequently greater individual protection and standing. Thus each one's membership will be a distinct addition to the whole and not lost in outside apathy or misdirected energy. Moreover, the colleges and the college educators will receive badly needed support in their all-important work—improving osteopathic education and developing original research.

We can never, legally, reach the position of a "school of medicine" until our college course represents it, and osteopathy unadulterated can not survive unless it is represented as a school. Somewhat paradoxically our apparent troubles have started from within the fold. Our friends are demanding us for family physicians and surgeons. They are expecting us to take care of them during confinement and in the major operations as well as in the acute and chronic diseases. They are not content to allow us to practice our osteopathy as a specialty and choose the cases; but we are obliged to administer the antidote, give an anesthetic, adjust the fractured bone, and the thousand and one things that make up the practice of an all-around practitioner. Is it any wonder the practicing osteopath is calling for a larger college course? Veritably osteopathic practice has largely been restricted to a specialty while its basis has covered the entire field of etiology and therapeutics. We simply are obliged to enlarge (not our horizon) our practice. Osteopathy pure and simple is what the public wants; but it wants the practice under all conditions and circumstances. Osteopathy has more than proven its worth. It has been rendered indispensable. Could there be a better conceivable situation?

Hence, we must arise to the occasion. Are we going to meet it fairly and squarely? If so, every one should join the national association and put a shoulder to the wheel. There is room and work for all. It simply must be done. We are duty bound to aid the colleges in conformity to conditions. Through them rests the salvation of osteopathy, and incidentally of us.

Possibly we can drift as we are. Who knows? Some of the present laws certainly will not stand as they now are. A number of practitioners would probably take medical courses so as to conform to the law, to hold their growing and diverging practice and prestige. Would they be to blame? Simply forced into it by the demands of their clientele. You say the public will always uphold the ones that do the work and get the results. Yes, but will the public be always able to do so? But this is a digression and is not vitally germane to the point at issue. The question is: Are we going to be a "school" in all the word implies, or not? It is certainly "up to us." The world wants and needs osteopathy, in fact, is clamoring for it. Will you grasp the opportunity? If so, back the organizations, stand by the colleges and obtain legislation.

No reflection in the least is intended to be cast upon the past and present osteopathic legislation. On the contrary nothing but the highest praise can be given for the earnest labor that has been performed. Indeed, it is largely

through this work that osteopathy has made strides that I fear few realize in all its proportion. The growth is almost overwhelming. But the situation will be met and I am sure handled with judgment.

There is every reason to believe that a general awakening in the osteopathic school is at hand regarding the necessity of more solid organization. Dr. M. F. Hulett, of Columbus, Ohio, in the July issue of the Osteopathic Physician, states as follows: "I am more convinced than ever that the medical opponents will no longer fight osteopathy directly. In the future it will be a process of assimilation and final strangulation." Here I, also, believe lies the chief danger, viz: an assimilation.

Dr. A. G. Hildreth in the September Journal of Osteopathy made a quotation to this effect, I forget the exact wording: "A prominent surgeon of the regular school said it was not a question of shutting out the osteopaths but how best to control them."

Dr. J. Martin Littlejohn has long been an advocate of the ultimate necessity of legislating osteopathy as a distinct school, of osteopathic medicine and surgery, in contradistinction to special and separate legislation. Upon this point he states in the September number of the Osteopathic Physician as follows: "So far as status is concerned, if we stand together and fit ourselves for the full profession of the osteopathic physician and surgeon, we will in the end maintain *equality of status* with other practitioners."

Without a doubt we must strive for equal recognition. And to do this does not require additional knowledge, (nor the teaching of antagonistic or alien principles) other than we have specifically represented and taught in osteopathic science. The work already accomplished in state legislatures probably has never even been approached before as the conquering of such apparent insurmountable difficulties. It is needless to say the medical profession was for a time literally dazed by the osteopathic victories. But how did we succeed? By the indomitable will and pluck of a handful of sincere disciples backed by osteopathic truth, the actual cures accomplished by our practitioners. Could an argument be found containing greater potency, especially to a drug-burdened laity.

It may be well to call attention to the fact that the homeopathic and eclectic schools are having troubles of their own with the "assimilative process" from the regulars. Evidently there is something more than a dream a brewing, and we may learn a valuable lesson from their present plight. It appears that the regular schools are very cleverly and shrewdly attempting to gather in all the "illegitimates", and thus blend all systems into a "glorious whole" by assimilation if you will. In doing so they are appealing to the individuals to join their societies, and, of course, are not recognizing them as a body; but asking them to help themselves to their good things, to join the allopathic societies, and to be good fellows generally. Is not this a master stroke to insidiously and effectively disintegrate the smaller schools? What

school do you think will be tempted next? Oh! the broad liberal drug profession!

Apropos of this article and the foregoing remarks, especially, I am desirous of giving a few extracts, a little at length I fear, but I believe containing valuable hints, from the secretary's report and address of this year of the National Eclectic Medical association.

He speaks first of the necessity of perfect organization. "I have always observed that without organization any body is essentially weak, and that the strength of a body—its ability to do effective work—is in proportion to the perfection of its organization."

Of the primal feature of the situation Dr. Ellingwood continues:

"The issue to-day presents itself as a most serious one. There never was a time, gentlemen, when the old school was so determined, so bent upon absorbing the other schools of medicine as now. They have given this matter consideration in their societies, and they are determined to secure the deflection of enough individual eclectics to force us into disbanding as a working body, to give up the name of "eclectic" entirely. In common phrase, gentlemen, we are now "up against" the most serious proposition in this matter that has ever presented itself to us. \* \* \* \*

"The American Medical association as a body asks our members to join them, and says that if we present the credentials that admit us to our state societies, they will admit us to theirs. The door is wide open. \* \* \* \* This action is almost simultaneous among them all over the United States. It was started last year and before 1902 ends there will be but few state societies that have not done it. Our danger lies in the fact that they do not expect us to come in as a body of physicians. The proposition has not been made to this National Eclectic Medical association, or to any state society, or to any medical college faculty, but they are at work on the individuals, separated, isolated, susceptible to a certain degree of flattery, by an insidious influence, impossible for us to meet except by perfect organization; they are persuading one man at a time to come into their ranks, and I am assured that very many have joined and that many others are giving the matter favorable consideration." \* \* \*

"Gentlemen, words fail to express my contempt for such a course, or for the eclectic physicians who, knowing the situation, will entertain for a moment such a contemptible proposition of affiliation. I am confident that I can read between the lines in this proposition, and instead of friendly fraternal co-operation, I read the startling words, obliteration, annihilation! That is their intention."

I wish every osteopath might read this report in its entirety. If we are not careful some of our practitioners may be tempted. Our individuality and salvation depends on our efforts as an organized society. The sooner we recognize the fact the better we will be equipped and the less likely a false step taken.

The presidential address of the current year of the American Institute of Homeopathy also sounds this warning.

Dr. Wood among other things has the following to say: " \* \* \* Persecution on the part of the dominant school was followed by tolerance; tolerance has been followed by respect; and respect, unless we guard carefully our vantage ground, will prove but the forerunner of assimilation." \* \* \*

"Nevertheless, one who sincerely believes that he is advocating a principle and a truth which is destined, when it is fully elaborated and universally accepted, to benefit mankind beyond all human computation, would be a moral coward to salve his conscience for the sake of peace and harmony, or for position. When a great and powerful body, such as is the dominant school of medicine, which has antagonized us for years, which never granted us concessions that were not forced, which bitterly opposed our admittance into state and governmental institutions, suddenly changes front, tears down its high walls of intolerance and exclusivism and receives us with open arms, it behooves us as custodians of that great principle and that great truth to question the motive, and act with deliberation."

Fellow osteopaths, is there any question in your minds that we need solid organization? There should be one thousand members in the American Osteopathic association by next June. There will be five hundred in attendance at the Cleveland convention next summer.

## OSTEOPATHY IN TRAUMATISMS.

E. C. WHITE, M. D., D. O., WATERTOWN, N. Y.

I HAD the pleasure not long ago of talking with a prominent surgeon about osteopathy. He admitted that our practice is undoubtedly of great use in "certain spinal troubles," but doubted its efficacy in many of the diseases we are credited with curing. He also spoke of that class of troubles designated by the text books as traumatism, and wanted to know if we could improve upon the methods of the up-to-date surgeon. In fact, can treatment of the spine take a stride in advance of the application of massage, hot or cold water, rest, electricity and the use of the various poultices and liniments?

It was simply the old question: Is osteopathy of use in acute cases? My answer was, "Yes."

The rationale of osteopathic treatment in traumatism is not the labored effort of our impracticable theorist, but the logical deductions from facts—anatomical, physiological and clinical.

I speak more particularly in this article of traumatism of the softer tissues due to external violence or muscular action; such as sprains, bruises, traumatic synovitis, etc.

It will be well before taking up the cases to state some well proven facts.

1. The integrity of all tissues depends upon a proper supply of nerve force, a sufficient amount of good arterial blood, and unimpeded venous and

lymphatic drainage. Any interference with these essentials to the well being of tissues renders them more susceptible to injury, and when injured retards or entirely prevents their recovery.

2. It is well known to the student that these interferences with the well being of a part are chiefly due to a disturbed relationship of some of the body tissues. A bone or tendon is slightly out of its proper position, thus directly or indirectly impinging upon nerve fibers, blood or lymph vessels. These slight displacements may be due to sudden force or to the constant pulling of a contracted muscle.

3. It is the experience of the osteopath that in ninety-nine cases out of one hundred these maladjustments are to be found along or in close relationship to the spine. When a break occurs in a telegraph line, the mind of the linesman goes over the route and he decides upon the most probable place for the accident to occur. While he is aware that a break is not impossible any where, yet he knows from experience that the trouble is most likely to occur just where the line passes through a forest, some of the trees of which may be blown down by a storm carrying the wire with them. So the osteopath knows that trouble can occur any where along the line of the vessels and nerves, but experience teaches him that the interference or break is to be most likely found in close vicinity to that small forest of bones which makes up the spinal column and its articulated neighbors.

4. It is well proven that irritation to a part causes reflex contraction of muscles. This relation between stimuli and reflex action is the basis of Pfluger's four laws.

Muscular contractions, the result of reflex action are very often of longer duration than those due to direct stimulation to motor nerves. In fact, such contractions often last for days, weeks and even months and years. So it is that injuries very often cause disturbances remote from their site which in turn prevent or at least retard recovery of the primarily injured tissues.

These traumatic cases may be divided for the purpose of treatment and study into three classes :

1. Those due to injuries at the location of the heat, pain, redness and swelling, with a predisposing cause elsewhere.

2. Those due to apparent injury at the site of pain, etc., but with the real injury remote.

3. Those due to injury at site or pain, etc., and without predisposing cause remotely located. This class can be subdivided into:

(a) Those that create by reflex action a lesion (osteopathic) which prevents or retards the recovery.

(b) Those that do not create secondary lesions.

The following examples of the above classification are selected from a large number of cases which have come under my observation during the past thirty months. I believe them to be a typical collection of traumatic injuries.

## EXAMPLE OF CLASS I.

A gentleman, about forty years of age, injured his back by lifting a heavy box. The back bothered him a great deal for a year. He noticed while taking a bath that there were "sore spots" around his right knee.

One day while riding his wheel he was thrown and badly hurt his knee. The pain was intense, and the knee soon became immensely swollen. He was unable to use his leg and was carried to his home. A physician was called and "everything was done for him." But still for weeks he was unable to use the leg. An attempt to do so caused intense pain and a return of the swelling. For two weeks after the injury, he was unable to sleep without morphine.

Finally, an osteopath was called. He could discover nothing wrong with the knee, but found a twist of the second, third and fourth lumbar vertebræ. Treatment at the point of the lesion made it possible for him to walk around the room for the first time in over a month. After one week's daily treatment he was able to go about his business without any trouble whatever from his knee.

## EXAMPLE OF CLASS II.

One of the finest examples of this class came under my notice during the football season of 1901. One of the men while making a run with the ball fell suddenly to the ground writhing in agony. The right leg was flexed on thigh and he complained of a terrible pain in the back of his thigh. An examination of that region showed that all of the posterior thigh muscles were contracted, and over about the middle of the biceps muscle there was a marked depression. For a time, I was of the opinion that it was a plain case of ruptured muscle. Stretching of the sciatic nerve gave him some relief from the pain and allowed the leg to be straightened. Hot water, massage and spinal treatment were applied but the next morning found him but little better. A very careful examination was then made. No lesion could be detected along the spine itself. But the right posterior, superior, iliac spine seemed more prominent than the left. There was marked tenderness over the right sacro-iliac joint, and at the symphysis.

The right leg was over one inch longer than the left, and careful measurements showed that the difference was not due entirely to a tilted pelvis or slip at the hip joint, but to a twist of the right innominate bone. The top had been forced back, thus throwing the acetabulum downward and forward.

A strong treatment for the purpose of replacing the slipped bone gave instant relief. He was able to walk with comfort, and the leg no longer dragged. There was, however, an occasional return of the trouble due to the strenuousness of football, yet the above treatment always gave relief.

## EXAMPLE OF CLASS III.

A young man while taking part in the arduous game of football had the misfortune to get his ankle badly twisted in a "mix up." He was examined

on the field and no lesion was found along the spine, and the muscles were soft and pliable. Examination at the training quarters after the game still showed no spinal lesion. Hot water was used, followed by massage and ice packs. The next morning found him greatly improved, but the second morning he was worse and he made no advance for three days. The spine was then again examined and the muscles on the same side of the injured ankle were found badly contracted causing a marked lateral curve.

Here was undoubtedly a case of reflex muscular contracture following injury. The contractures were removed and his ankle was at once greatly improved. Daily spinal treatment kept the nerves and vessels free from interference, and a very rapid recovery followed.

I have seen only a few cases, and those with minor injuries, where there was no secondary contracture of muscles.

While there is no doubt that the ordinary methods of treating traumatism are of great benefit, still there is not the least shadow of a doubt that osteopathic treatment is of more benefit than all the other methods taken together.

There is only one class of cases in which osteopathy is not the main treatment indicated, namely, subdivision (b) of class III. But those kinds of cases are so few as to be hardly worth counting.

The longer my experience, the more certain I am that the discovery of the principles underlying osteopathy and their application to the cure of diseases are epoch marking events in the history of medicine.

### OSTEOPATHY APPLIED IN OBSTRUCTED CIRCULATION AND PUS FORMATION.

CHAS. C. REID D. O., WORCESTER, MASS.

IN order for life to continue in any form through a given period of time there must be motion. Life is manifested by some variety of motion. This principle is just as true in the vegetable kingdom as it is in the animal kingdom. If the bark of a tree is hacked off completely around the trunk interfering with the free flow of the sap the tree will die; if the movement of this life fluid is cut off from any one of the branches, that branch will soon cease to have life; decay and degeneration would set in.

If the circulation of the blood in the human body should stop only a few minutes we would have death of the body as a whole; if the blood should cease to go to any particular part of the body, e. g., the foot, we would have death of that member. But while the life of the body as a whole, and of each part depends on free circulation of the blood, the integration of the blood itself depends upon its constant movement through the different organs and parts of the body where the waste products are removed and nutritive material is taken up.

If the blood is stagnated at any point its vitality is soon below par, it may

become infected with pathogenic micro-organisms with a consequent disintegration and pus formation, often including not only the blood but necrosis of surrounding tissues; in the deep tissues forming abscesses and fistulæ; in the skin and superficial tissues forming boils and pimples; in the membranes forming exudates and false membranes.

Illustrative cases :

#### PYORRHŒA OF THE UMBILICUS.

Woman, age thirty-four, weight 134 lbs., had a discharge of pus from the umbilicus. It is supposed that the attending physician at the time of her birth clipped the umbilical cord too close. An abscess developed at this point which became chronic in form. The pyorrhœa increased at each menstrual period, at which time there was greater congestion, thus more exudation and pus formation. Treatment was applied to the liver to free the portal circulation, and deeply about the umbilicus to establish good drainage. This case had treatment about a month and a half. She was cured and now after several months has had no return of the trouble. This lady had tried drugs, applications, poultices, heat, cold, etc., to no avail.

#### PYOSALPINX.

Woman, age forty-two years, had suffered from ovaritis and salpingitis of left side for twelve years, and for the last three years the trouble has been quite severe. Besides the tenderness of acute inflammation she developed the severe throbbing pains, with elevation of temperature and an extremely sensitive tumor formation in the region of the left Fallopian tube. She was confined to her bed with the expectation that an operation would have to be performed any hour. Glycerine tampons were used to hold in position a prolapsus with ante-flexion and to deplete the over congested tissues; hot applications were applied over the region anteriorly to lower the blood pressure, and osteopathic treatment was given thoroughly in lumbar and sacral region to increase the nerve force and vital resistance of the tissues. Special attention was given to stretching the left quadratus lumborum which seemed to give great relief and quiet the tense condition of the whole nervous system. In about a week the patient passed the immediate danger and in three weeks was around again, however the inflammatory conditions still continued and do now after nearly a year's treatment. No kind of treatment has seemed to be of any permanent benefit in this case and I feel that an operation will be necessary as the patient's life is menaced by the liability of the development of a bad abscess at any time or the spreading of the inflammation into the peritoneum.

#### OTHER CONDITIONS.

A young man afflicted with laryngitis and rhinitis had great discharge of greenish yellow pus from nose, and smutty stringy phlegm from throat. A large exostosis was discovered in each nostril. These were removed by a surgeon, then osteopathic treatment, with antiseptics were applied to reduce the congestion and keep the parts clean. The improvement was rapid, the discharge



becoming less and less as the case progressed. This case is still under treatment.

Numbers of cases of boils have been treated successfully. The method being to establish drainage before they are too far progressed. Boils can often be aborted even after there is some pus formation, and the tenderness and throbbing can be relieved.

In cases like diphtheria where there are exudations and false membranes, the question is still free drainage, open circulation, unimpeded nerve force,—constant movement of all fluids and forces.

## HAVE YOU CONFIDENCE IN YOUR OWN PROFESSION?

A. G. HILDRETH, D. O., KIRKSVILLE, MO.

THE subject of this article is a thought that comes to me often when thinking of the fast growing number of graduates of osteopathy. I also think of it each time, when looking into the faces of the new classes as they matriculate, one after the other; and it is a question that must mean much to the future growth of our practice.

First. No man has any right, either moral or social, to follow a profession that he does not believe to be founded upon truth; for if he does so he is the very worst kind of a hypocrite.

Second. We cannot accomplish as much in any work in which we do not believe, as when we know that we are right and follow the work because we love it, and because our hearts are in it. Mercenary motives and social gain will not stand the test.

Third. You should have that confidence in osteopathy which tells you in your own heart, that your baby, your wife, your mother, your dearest and closest loved ones on earth, would be safe in the hands of a skillful and competent osteopath. If you are afraid to risk their lives in the hands of such a person at a critical time, then you have no right to risk the lives of others, and I say our profession would be better off if you were out of it, and suffering humanity safer without than with your services; for unless you have confidence yourself, in the profession you follow, you certainly cannot expect other people to have confidence in you, and you cannot possibly reach your greatest personal success. When you fail personally, our profession fails just in proportion.

Not a great while since, it was my pleasure to visit one of my good friends—a thorough osteopath, who in discussing our profession said to me, "Doctor, I tell you right here and now, that when I fail to cure a case, I *know* it is my fault, and not the fault of my system; I feel that I have failed to locate the cause, or have not applied my treatment properly." My friend illustrated his position as follows: "There came to me a gentleman with a spinal trouble that involved one limb and produced some organic disturbance. I treated that man three months and could scarcely perceive any change, in fact, I felt

that I had done him no good. He was an influential, wealthy man, and finally one day he said, 'Doctor I am getting no better, I believe I had better or just as well stop taking treatment.' I replied to him that I could not blame him if he did stop, but there was one thing I wished him to know and understand, and that was, I knew osteopathy could cure him, and that my failure to cure him was my own fault and not the fault of my system.

"The gentleman immediately said, 'If that is the case I will continue the treatment,' and he did continue, and about six weeks later, he was discharged a cured man." He studied the case and had he been one of the milk and water kind, or had he been one who doubted his own profession, or one who was hunting a remedy from other schools, he would have failed on the case. He would have lost the influence of one who is now a staunch, firm friend of our science.

This is one of the reasons that makes me say that you should have the utmost confidence in your own profession.

Again, there came under my own personal observation, recently, a case where a human life was at stake, and where the confidence in, or rather the knowledge of osteopathy saved the life of a child. The case was that of a child twelve years old, who had been ailing nearly all her life, with what her mother and the physicians had termed stomach trouble. She took her to an osteopath, who treated her three months with good success. The child made good improvement, so much so that the mother concluded to study osteopathy. She entered one of our schools and put the case under clinic treatment. For the first four months she gradually gained a little, but still retained some of the pain in her stomach, and more or less irritation of almost the entire alimentary tract. Later on another senior began giving her treatment, and from that time she gradually grew worse until the mother finally took her to a graduate osteopath, who thinks he is genuine at least, and put her under his care. She was there three months and at the end of that time, he said he had done all that he could and that osteopathy could not reach the case. Then she was taken to some Springs and took medical treatment as well, but gradually grew worse, until the mother again becoming desperate, seeing the life of her child fading gradually away, decided to try a change of climate. The patient by this time was so emaciated that she weighed less than fifty pounds, and her pulse had run down to thirty-eight—simply starved to death. About this time her mother again met an osteopath, a friend, who when he learned of the child's condition, prevailed upon the mother to give up her trip and once more give osteopathy a chance. This she reluctantly did, with the result that now after four months her child is now on the rapid road to recovery.

She eats what she wants—has gained in health and strength, and it is now only a question of a little time until she will again be well and sound.

I mention these two cases to illustrate the necessity of every practitioner having not only a knowledge of osteopathy, but confidence in his own profession even beyond his confidence in himself.

In the former case, by the confidence of that genuine osteopath in his system, he not only relieved a suffering man, but he made a lasting and grateful friend of an influential citizen for our science. In the other case a life was surely saved; a mother's and father's hearts made happy, and their confidence restored in a profession she had chosen for a life work, and the reputation of osteopathy maintained in the very line of work upon which its wonderful growth has been founded.

We fully understand that osteopathy cannot cure all cases—just as we know that medicine cannot. We also know that the great danger of the future to our profession, lies within our own ranks.

When I speak this way, I do not mean danger of the profession's decay or obliteration, for the reason that its foundation is eternal truth, and truth once cast adrift upon the endless tide of human thought can never die. I do mean that the danger to its best growth, its best means of reaching the millions who need the benefit of the science, lies in the weak-kneed brothers and sisters within our own ranks, who really do not know what osteopathy rightly applied can do, and who lack confidence not only in themselves, but in the profession which they are following and expecting others to patronize.

Mark you, I am fighting no one and condemning no one. I only hope to instill into your hearts a greater confidence in our system of healing, which has done more to relieve the hopelessly afflicted than any discovery of the Nineteenth century. It seems to me our schools too often fall far short of their duty, not only to themselves but to our profession as well, by employing teachers who teach for the salary paid them, rather than for the love of the work, or the desire to go deeper into this great system of healing, and by their research and study and growth help to broaden, and in that growth carry with it not only success, but a greater knowledge and a consequent greater confidence. It is certainly wrong for any man to offer to teach, much less attempt it, any branch pertaining to our curriculum unless he has a thorough and abiding confidence in the science. Until these obstacles are overcome; until all our schools teach a thorough knowledge of genuine osteopathy; until our instructors have the utmost confidence in the science; until the students who are taught know their own success comes only from their own abiding confidence in this system—until this time comes, our greatest drawback to our growth will come from within the ranks of our own profession.

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Oliver Wendell Holmes said: "Mankind has been drugged to death, and the world would be better off if the contents of every apothecary's shop were emptied into the sea, though the consequences to the fishes would be lamentable. The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom and all the inconceivable abominations thus obtained thrust down the throats of human beings, suffering from some fault of organization, nourishment or vital stimulation."

## MEDICINE AND THE HEALING ART.

"From the thralldom of dogma and the limitations of the physic bottle, Good Lord deliver us!"—so says *The Hospital*, in an editorial in which it uses words about the medical profession that read strangely in the pages of a medical magazine. After speaking of "the bar sinister which hangs over the origin of medicine," the writer goes on to characterize it as follows:

"A science, if it be a science, springing in the far past from mystery and witchcraft, tainted with the methods of the sorcerer, and even now dominated by that overmastering faith in drugs and nostrums which is the direct and disastrous heritage handed down to us by our immediate ancestors, the apothecaries. It has been an ignoble spectacle. No one taking a broad view. Each man limited by his education and trudging along in the rut of his old habits—physicians pouring in drugs, surgeons scraping out bits of diseased tissue, while even now, in the full light of bacteriological science, we find men attempting to cure consumption by soaking the patient's tissues with antiseptics; and all this in defiance of the teachings of pathology, which go to show how frequently the disease gets well if the patient's vitality, the *vis medicatrix naturae*, is but given a fair chance. Yet, how near we were to the truth if we would but have listened, if we would but have cut ourselves adrift from the prejudices ingrained in us by our education, and, in the words of one great man, have thrown 'physic to the dogs,' and, in those of another, have investigated all things by 'observation and experiment.' Once a year we have met together to do honor to the immortal Harvey, and then we have returned to this miserable drug-living as if Harvey had never existed."

The occasion for all this is the reward of the first prize of \$2,500 for the best essay on the proposed King's Sanatorium for tuberculosis. The successful competitor, Dr. Arthur Latham, does not believe in treating consumption with drugs, and advocates the fresh-air method, whose introducers, half a century ago, were tabooed by their medical brethren. Says the writer in *The Hospital* again:

"It is one of our amiable weaknesses to hold patent medicines in ridicule and contempt, but what could be more ridiculous, considering the teachings of the dead-house, than the current treatment of consumption so aptly described by Dr. Latham—a mere pouring in of drugs without any attempt to touch the root of the disease. Yet in the midst of all this drugging, which has been going on far longer than we can remember, there have been men who saw the truth. So far back as 1840, George Bodington insisted on the importance of a generous diet and a constant supply of pure air, and propounded the terrible heresy that 'cold is never too intense for a consumptive patient.' In 1855 Dr. Henry MacCormac, the father of the late Sir William MacCormac, published a book on somewhat similar lines, and in 1861 read a paper before the Royal Medical and Chirurgical Society in which he advocated what are now established principles. Yet what was the treatment which these pioneers

received at the hands of their professional colleagues?. Bodington's book, says Latham, met with much bitter and fierce opposition, and eventually the disapproval of his methods became so universal that patients were driven from his sanatorium, while 'the members of the Royal Medical and Chirurgical Society refused to pass the usual vote of thanks to Dr. MacCormac, because they thought that the paper was written by a monomaniac.' . . . Meanwhile, notwithstanding our ostracism of new ideas, the teaching of Bodington, of MacCormac, and of the modern host of sanatorium owners has prevailed; and now, at last, in the full sunshine of royal patronage, we admit how simple is the truth, expressed as it is by the motto of Dr. Latham's essay: 'Give him air; he'll straight be well.' What sycophants we all are!"—Literary Digest.

### ANOTHER HIP SET.

CHAS. HAZZARD, D. O., KIRKSVILLE, MO.

A two-minute treatment made a very happy boy of young Fred Watson, of Laclede, Mo., who came to the infirmary on crutches on Nov. 4th, and walked away without them, after a quick turn of the limb, given to set the head of the thigh-bone into its cavity on the pelvis.

When the patient presented himself for treatment, the limb was stiff and immovable at the joints, in walking; it was held forward, with the toe turned outward, and was swung outward in a half circle to bring it forward, as the boy walked upon his crutches. There was soreness and muscular stiffness about the hip-joint. The heel of the shoe worn upon the lame leg had been removed and tacked onto its fellow worn on the sound limb, the sole of this shoe, likewise, being of double thickness. This arrangement had been made by advice of his physicians, who thus caused it to hang with its own weight, "to take the irritation out." It would have been hanging there yet, but for the peculiar way osteopathy has in getting after such disturbances.

The history of the case was of a fall out of a tree a year previously, after which the limb was sore and lame, but not so much so as to prevent work. In about a month it began to give him a great deal of trouble, and the customary diagnosis of "rheumatism," "irritation of the joint," "hip-joint disease," etc., was made. Treatment was without avail. "Salvation Oil" was rubbed on freely, but failed to set the bone; "Peruna" was not tried, it not being thought that the boy needed whiskey; and the upshot was that the limb went from bad to worse, until its owner fell to the use of crutches and to the contemplation of a long life ahead, to be spent stumping through the world on a pair of sticks.

Now, all this time the real condition had been overlooked. This, after all, was not so strange, as the head of the bone, in slipping from its cavity, had lodged upon the edge of the acetabulum (or cavity) slightly forward from its normal position, in such a way as to present almost no evidence of its false position. Yet, osteopathic examination at once showed where the trouble lay.

Often, we may say, the case is half cured when once the proper diagnosis has been made.

These "slips" of the hip-joint sometimes prove very obstinate, and some of them have been known to make more trouble, and to be more difficult of correction, than a gross dislocation. The diagnosis is often obscured by the fact that after the accident first causing displacement, the limb can be used very well, the trouble coming on gradually afterwards, in such a way as to resemble other disease.

It is for this reason, perhaps, that the former injury is oft times forgotten, or if recalled, is thought to have no connection with the case. Here was a case where there was no idea, in the minds of the medical examiners, that a bone out of place was the trouble. It simulated conditions not due to such causes. Just so in all parts of the body, the osteopath finds causes of disease in derangement of mechanical parts, such that illness is caused that may arouse not the remotest idea that it can come from any such a cause.

### GENUINE OSTEOPATHY.

S. C. MATTHEWS, D. O., PATERSON, N. J.

Osteopathy has been so successful in treating diseases, its cures have been so remarkable, and its endorsement has come from men and women of such high standing both socially and intellectually, that many in nearly every community, having read something of it, desire to test the merits of the system on themselves or some member of their family. The supply of those who have taken the full course of study not being equal to the demand, and the lack of a law regulating the system in several states, has made it possible for unscrupulous persons, knowing nothing whatever about the science, to attempt its practice without any preparation for the work.

Not only men, but women as well, have entered this field claiming to be osteopaths. This class of "crafty knaves" have gone further and opened so-called "Mail Course Colleges of Osteopathy." Think of it! Men and women who know nothing of a system of healing, pretending to be doctors and going to the extent of teaching others by mail something of which they themselves are ignorant! It is needless to say that their teaching amounts to nothing, as "a stream cannot rise higher than its source." They do one thing, however, and that is to take anywhere from five to twenty-five or fifty dollars from the "purchaser," and in return for his money they send out a handsome lithographed diploma which states that owner has completed the entire course of instruction in osteopathy, etc. This diploma is signed, apparently, by twelve or fifteen different men as members of the faculty, and confers on its recipient the degree "Doctor of Osteopathy." Armed with this deception, the party to whom it has been issued opens an office and announces himself an osteopath. A patient comes in, he is shown this diploma, and, on the presumption that everything is as it should be, the patient commences treatment. The patient

pays for osteopathy, but instead of osteopathy he gets a kind of massage. Any one can rub, knead and work the muscles and joints, and this is what this class of pretenders do. But rubbing, kneading and massaging the body for half an hour is not osteopathy. There is no more osteopathy about such work than there is about the rubbing and kneading one gets in taking a Turkish bath. *Osteopathy is fixing what is out of fix. It implies a full and comprehensive knowledge of the human body.*

To correct the structure that is out of place, a man must learn the body in every detail. Can the anatomy of the human body be mastered in a few lessons by mail? Anatomy is studied during the entire course in all osteopathic colleges—from the skeleton, from the living body, from dissecting, from books, etc.; and yet after one has put in his full course and studied the body exhaustively for years, he still finds something to study in each new case. Imagine, then, one learning such a subject by mail! One can come just as near being a skillful surgeon in a few lessons by mail as he can an osteopath, as both are based on a thorough knowledge of the human body. The science of osteopathy has often been criticised by those who have been so unfortunate as to fall into the hands of these pretenders. After undergoing treatment for a time, and failing to obtain relief, it is but natural to criticise the system—to criticise osteopathy rather than the man who applied it. It is deplorable that this state of affairs is allowed to exist. But there is really no chance for osteopathy to free itself from this class of counterfeiters until the remaining states pass laws protecting the science and the public.

Osteopathy can stand on its own merits. It does not need the protection of the law in itself; however, it is but fair to the public that a man should be restrained from pretending to practice a system of healing of which he has no knowledge. It is true "that those who are unfit do not long survive," but it is also true that "a rabid animal may survive long enough to do much injury." The injury done to osteopathy by this class is in their failing to do in months what a thoroughly qualified osteopath would do successfully in a few treatments. There is no profession or calling that requires greater skill in its application than the practice of osteopathy. Its motto is: "*Find the cause and remove it.*" To do this requires both preparation and practice. It is not enough to know what is wrong. *It requires the highest order of skill in many cases to correct it.* It is an old adage with companies in selecting a corporation lawyer that "*the most skillful lawyer is always the cheapest, regardless of price or distance.*" This adage applies with equal force to osteopaths. The most skillful may do in a single treatment what a mail course diploma man could not do in any length of time.

Osteopathy, like surgery, cannot be learned in a day nor by mail. Also, like surgery, the more experience and practice, the more skillful and proficient the operator. A mail course osteopath and a mail course surgeon are both in the same class—the one would be fully as competent to do skillful work as the other.

A New York magazine recently, in answering an inquiry as to the merits of osteopathy, knowing the vast difference between osteopathy in name and *in fact*, remarked that "*osteopathy is all right, if the man who gives it is all right.*" This terse statement is true, and while the law permits the pretender to hold himself out as an osteopath and exhibit a diploma that was bought instead of earned, to assist him in his work of deception, it is well for all who wish to take osteopathic treatments to know that "*the man who gives it is all right.*" This can easily be done by a little investigation beforehand as to who "the man" is, and also as to whether his college is one which is recognized by the profession as being a reputable college of osteopathy.—Osteopathic Success.

### THE OUNCE OF PREVENTION.

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

In our work in the discussion of principles of osteopathy at the American School, we have for convenience and we believe, for logical reasons, classified the causes of disease into those having to do with disturbances of structure and those associated with the abuse of function. As type of the former, we have the "lesion;" of the latter all conditions of environment and habit which result in an over-use, under-use or perverted use of the activities of the body, e. g., abuse of appetites, filthiness, impure atmospheric conditions. In the treatment of conditions arising from the first named, direct, *positive* measures are employed, i. e., manipulation of the structural condition; in the latter, *no* treatment except the negative one of removal of the abusing element,—for example, limiting diet in case of over eating, sanitary measures applied to individuals and to communities—*unless* there be associated with the abusing factor structural conditions of the organism susceptible to adjustive manipulation.

If we further analyze the above classes of causes, we shall find that the treatment in either case partakes largely if not entirely of the nature of prophylaxis or preventive treatment. In the case of hygienic measures and sanitary arrangements, all schools of healing occupy more or less common ground. In the case of an epidemic of contagion, every precaution to prevent the spread of the disease by isolation, cleanliness, and the like, constitutes a prevention of disease. Systematic outdoor exercise, in case of those whose business requires many hours spent in close quarters, constitutes a prevention by counteracting the effects of this form of abuse of the respiratory function. The relation is perhaps not clear in the case of a condition of the first named class. The usual assumption is that the overcoming of a lesion is a curative treatment. In one sense, that is true. In another, it is not. In the first place every disturbed structural condition does not *immediately* produce a condition that is recognized as disease; and this for various reasons that may be advanced. It is to be remembered that while the analogy between the mechanism of a

watch and that of the human body is useful for purposes of illustration it is unsafe to carry it too far. And while the slightest mis-alignment of the parts composing the watch will result in immediate disorder of its functioning, simply because it is a machine and nothing more, a similar slight displacement of a part of the human mechanism will not necessarily cause disorder, simply because it is more than a machine, and has a remarkable power of adjusting function to changed structure, which latter proposition given in the form of "nature is self-regulative," is a fundamental tenet of osteopathic doctrine. So that, immediately following such a slight lesion, adjustment is sufficient to prevent any immediate appearance of symptoms of disorder. While this is true, it must not be assumed that the new structural condition is as good as the original, for insofar as it has departed from the *normal* condition, it has departed from the *best* condition, and hence the new condition is a predisposing cause for disease, and is a legitimate subject for treatment. A further fact explaining the tardiness in the appearance of effects of the lesion is the slowness of pathological changes that are associated with many tissues. In the case of a slight lesion causing a congested liver, the immediate symptoms may be lacking, but at the same time there may be the gradual overgrowth of connective tissue elements in the liver which ultimately prove a serious condition; in which case the actual pathological condition is far advanced before the symptoms of disorder have impressed the victim with the necessity for action. And we further know that in experimental physiology the "summation of stimuli" is a factor of much importance in studying the response to stimulus. It is entirely possible that what is true in experimental physiology is true of the body, that a pressure—stimulus—upon a part, while not sufficient to produce an immediate response, if kept up sufficiently long will do so. Might not this throw some light upon epileptic and other conditions of a periodic or spasmodic nature? The lesion is present, and a true one ("structural change producing functional disorder,") but the effect only manifests itself after a long interval. In this case it is not only a predisposing cause, but an exciting one and hence again is legitimately subject to manipulative measures, and the treatment is both prophylactic and curative.

Unfortunately, cases of the above kind are not as common in the practice of the osteopath as one could wish. On the one hand, the patient is unaware of the presence of the lesion, and on the other, the larger number will hope to "get over" the difficulty without any help. In the latter case, they are often right. When the organism *can* overcome a disturbed condition, "hands off" is a rather safe rule. The difficulty lies in determining in each case the ability in overcoming that is possessed by the organism; and in the case of a palpable lesion, it is better to err on the side of action than inaction.

But after all that may be said of the *curative* treatment, isn't every osteopathic treatment a prophylactic one? The use of the term "curative" is essentially incorrect. The physician does not cure. We object to the definition of osteopathy which affirms that the physician "directs" the inherent

recuperative forces of the body. The direction of those forces abides in a higher and more subtle power than can be exercised by the hand of another individual even though it may be guided by a high order of intelligence. Neither does he "regulate functions," except in a very secondary sense. And herein lies the weakness in the philosophy of the "vital lesion" osteopath. Functions are controlled by an inherent force which we denominate "vital." That force itself cannot go permanently wrong. It will not cause permanent disorder of structure except it be hindered by blocked channels of interchange. And herein lies the fallacy of the Christian Scientist and all other mental healers. The "tendency to the normal" operates in psychic as well as in material substance, and the normal in mind and emotion will be assumed if the organization of cell life be intact. If, then, the physician does not regulate functions, or direct forces, what does he do? Fundamentally, he clears the way. Does that cure? The disease as it exists before the lesion is removed was caused by perverted function resulting from the lesion. On the removal of the lesion *the disease as it exists will be overcome by the restored normal functioning*. The physician in removing the lesion has *prevented the further progress* of the disease. He has applied preventive treatment.

Is it the assertion of an extremist to say further that even in the removal of a lesion, the physician is not overcoming a structural condition? In the vast majority of cases with which the osteopath meets, the treatment does not consist in "setting" a bone, if we use the term in the sense in which it is commonly used. In a case of a recently luxated hip, the osteopath may be successful in one treatment. In such a case he perhaps is not simply aiding nature. But in the countless other lesions met with, chronic changes are present which do not admit of immediate replacement. In such cases the prime importance of the physician is as an assistant to the organism. When a lesion is produced by whatever cause, one of several things takes place. Nature first attempts to overcome the structural disturbance, and is usually successful. Every football player, and every one who has watched a game, will readily believe that numerous structural conditions are produced during the strenuous periods. Do every one of these need a treatment? Hardly. Tension of tissue applies sufficient treatment. But *occasionally*, the structural disorder is sufficient in degree to pass the limits of self-adjustment. Failing in drawing the part back to normal, the tissues on one side gradually yield, on the other gradually shorten and with other changes a partial adjustment to the new circumstance takes place. What must the osteopath do? In the case where nature is still making the attempt to re-align, he can assist by releasing the hindering structures, and in the average case, "Nature will do the rest." In this case he is not curing, he is preventing. Where complete adjustment to the changed conditions has taken place he is perhaps more surely applying a curative condition in the breaking up of adhesions and stretching permanently shortened muscles and ligaments.

Hence after all we are using the ounce rather than the pound, though for various reasons some of which are indicated above, we are rather late in making the application. But time will remedy the difficulty to a large extent, and then we shall be able not only to prevent the progress but the beginning of the pathological conditions.

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#### Editorials.

We desire to call attention of the osteopaths in the field and the students of the A. S. O. to the firm of Lewis S. Matthews & Co., medical publishers, 219 North Tenth street, St. Louis, Mo. [This firm handles standard publications and its prices are certainly low. If you want anything in the book line we advise you to write to them for their catalogues and prices.

\*\*

An unscrupulous fakir selling a "vibrator of his own invention," is victimizing osteopaths into purchases of his machine by the representation that it was indorsed by Dr. A. T. Still and that the president of the American School of Osteopathy had allowed him to place two of the vibrators in the school. The fellow is an imposter of the worst sort. He has never to Dr. Still's knowledge been in Kirksville, not saying anything about receiving an endorsement of his vibrator from the founder of osteopathy. He is a fake and should be dealt with ac-

cordingly if he shows up in your community. Numerous complaints have reached us during the past month regarding the fellow, who has been carrying on his operations principally in Colorado.

\*\*

In a recent letter from a Colorado man, who wrote concerning treatment, he described his condition as follows: "My back has been lame and sore for thirty years. My left hip has always been sore. Medical doctors blistered and poulticed me until they almost killed me. I have been operated on several times but to no avail. I have had 900 doctors, have taken 17 barrels of drugs and paid out \$1,000,000.00. I am forty-nine years old." When that victim runs out of money he will stand a better chance for recovery at the hands of the medical leeches that have been bleeding him of both his blood and money.

\*\*

#### Dr. A. G. Hildreth Re-elected.

Dr. A. G. Hildreth, member of the clinical staff of the American School of Osteopathy will for the second time represent Adair county in the Missouri legislature, having been re-elected at the November election by a large majority. Dr. Hildreth is certainly a popular man in Adair county. He was born, raised and educated in this county. The interests of osteopathy in Missouri legislature circles in his hands will be well looked after. Osteopathy and Dr. Hildreth stand well at home as was attested in the recent election here, Dr. Hildreth leading his ticket.

#### New York D. O.'s Meet.

The fourth annual meeting of the New York Osteopathic Society was held October 29th at the Waldorf-Astoria, New York City. The sessions were well attended. In addition to a large gathering of members, about twenty-five applicants were admitted to membership. It was deemed best to devote the entire time of the meeting to business. Reports of committees and treasurer showed affairs of society to be in healthy condition. Officers were elected as follows: President, W. W. Steele, Buffalo; vice-president, Albert Fisher, Jr., Syracuse; secretary, H. L. Chiles, Auburn; treasurer, C. F. Bandel, Brooklyn.

Executive Committee, Geo. J. Helmer, New York; Ralph H. Williams, Rochester; Chas. H. Whitcomb, Brooklyn.

Drs. W. L. Buster and H. F. Underwood were named as delegate and alternate to National association at Cleveland. Waldorf-Astoria was chosen as next place of meeting of the society.

H. L. CHILES, Sec'y.

#### Colorado Osteopaths Elect Officers.

The annual election of officers of the Colorado Osteopathic association was held in Denver, Nov. 1st, at the Colorado College of Osteopathy, president Nettie H. Bolles presiding. The following officers were elected for the ensuing year: President, Earl D. Jones, Denver; vice-president, E. C. Bass, Denver; secretary, Ida M. Andrew, Denver; treasurer, N. A. Bolles, Denver. Trustees, Drs. L. M. Thomas, Colorado Springs, Martha Barstow, Glenwood Springs; J. T. Bass, Denver.

Although the practice of osteopathy in Colorado is as yet unrestricted by law it was decided that an attempt be made this winter to secure the passage of a bill allowing none but reputable osteopaths to practice.

Letters were read from Drs. A. T. Still and A. G. Hildreth concerning legislative work. It was the unanimous vote of all present that practitioners be admitted upon merit and that alone. The following legislative committee was elected: Drs. J. T. Bass, Earl D. Jones, J. L. Hively, H. M. Ross, N. A. Bolles. The paper of the evening, Cartarrhal Deafness, was read by Dr. Bertha Hilton, all present taking part in an informal discussion of its merits. The meeting was then adjourned and the remainder of the evening spent in pleasures of an informal social.

The association now numbers about thirty members most of whom were in attendance.

IDA M. ANDREW, D. O., Sec'y.

#### The Osteopathic Association of the State of Virginia.

The osteopaths of the State of Virginia met at the office of Drs. Shackleford & Fout, Oct. 25, 1902, There were nine present: Drs. Edwin H. Shackleford, Geo. E. Fout, 204 E. Franklin St., Maria Buie, 207 W.

Grace St., J. W. Kibler, 201 E. Main St. Richmond, Va.; J. M. Kibler, Lynchburg, Va.; W. D. Willard, Norfolk, Va.; Irvine Craig, Danville, Va.; Charles Carter, Roanoke, Va.; all of the A. S. O. and Dr. C. F. Anderson, Norfolk, Va., from the Kentucky school.

Dr. Carter was elected chairman of the meeting. Officers elected: President, Dr. Shackleford, vice-president, Dr. Carter, secretary, Dr. Buie, treasurer, Dr. Willard. Board of Trustees: Drs. J. M. Kibler, Irvine Craig and C. F. Anderson.

Drs. Shackleford, Carter and Willard as a committee, will look after the legislative work.

A constitution was adopted and signed by all except Dr. J. W. Kibler. Dr. A. T. Still was made honorary member. After consideration of the appeal to the osteopaths as a whole for one dollar each from Dr. P. K. Norman of Birmingham, Ala., we sent from our association \$10 to assist in the osteopathic fight in the State of Alabama.

MARIA BUIE, D. O.,

Secretary.

#### A Resolution.

The following resolution was adopted by the Pennsylvania State association at its last meeting held in Philadelphia in August. This is a right step in the right direction. Let other state associations follow.

WHEREAS, in the State of Pennsylvania, there being no state laws to protect the members of the osteopathic profession from those claiming unrightfully to be osteopaths, or those who are interested in the production of irregular schools, or schools that are not qualified to teach osteopathy thoroughly; and realizing that the most dangerous enemy the osteopathic profession has to day is the above class of imposters, be it resolved by the Pennsylvania Osteopathic association:

(1). That any osteopathist who shall give professional recognition or have professional intercourse with or employ as a professional assistant or partner any other than those who are qualified for membership in this association shall be expelled from this association and be considered unworthy of recognition professionally by the osteopathic profession.

(2). That we, as osteopaths, to further protect our profession do agree and resolve to handle no literature of any kind whatsoever from any publishing house or school that will do any advertising work or furnish any osteopathic literature in bulk to any other person or persons in the state of Pennsylvania than those who are eligible to membership in this association.

(3). That the secretary of the state association furnish a copy of these resolutions to various osteopathic colleges and publishing houses that furnish osteopathic literature, and request that they furnish literature and make advertising contracts with regular osteopaths only.

(4). That the secretary also furnish a list to the said colleges and publishing houses of all the regular osteopathic practitioners in the state of Pennsylvania, and request them when an application comes for literature or advertising rates from others in the state of Pennsylvania than those regularly reported by the state secretary, that they refuse to fill the order until the standing of said osteopathist has been reported favorably by the state secretary.

(5). That a copy of these resolutions be forwarded to the president and secretary of the national association and also to the president and secretary of each state association, and they be requested to join with us in our legitimate fight against all imposters and irregulars claiming to be osteopaths.

(6). That we, as an association and as individuals, do pledge ourselves not to support or in any way use our influence in favor of any osteopathic college that will take any irregular osteopathist and graduate him, or give him a post-graduate course in any less time than that required for the regular course of study.

HARRY M. VASTINE, D. O., Pres.  
J. IVAN DUFUR, D. O., Sec'y.

#### Surgical and Medical Progress.

Medical and surgical science is undoubtedly progressing constantly, and accomplishing what not so very many years ago would have been considered marvels, if not miracles, and yet there are doubtless many triumphs to be won in the future that even

the average physician or surgeon wots not of yet.

Much notice is being bestowed just now upon a Dr. Lorenz, who received a fee of \$100,000 from J. Ogden Armour of Chicago, for curing his child by "bloodless surgery," and who since has been in many other cities operating on certain unfortunate children "without money and without price." But he gives no hope to people older than 8 years; under that age he professes that the bones can be so manipulated and placed and kept in proper position by exterior appliances and encasement that congenital hip dislocation, club feet, and so on, can be eliminated, and children made sound in these respects. No knife or other surgical instrument is used, and so this man's system is known as "bloodless surgery." *But this seems to be not so new and wonderful as is represented; for is not this a phase of osteopathy, which has had a considerable vogue for some years past?* So this doctor's method may not be deserving of so much free advertising as it is getting, and he may be only shrewdly sowing the seed for a plentiful harvest of money later; yet the well-authenticated facts concerning his success in the cases mentioned are interesting and worthy of attention.

The truly successful doctor or surgeon must be a close and careful student, and realize that there is yet much to be learned.

If pursued intently by one with a natural adaptation for it, the professions of medicine and surgery, the physical helping and healing of afflicted humanity, is certainly one of the noblest occupations in which a man or woman can engage.—Evening Telegram, Portland, Ore.

#### Dr. Roy Bernard's Reply.

TO THE EDITOR:—Owing to the fact that in your JOURNAL OF OSTEOPATHY and through other sources many questions have been raised regarding my new treatment which I call "Physiological Development of the Nerve Centers" I trust you will give space for a brief statement upon the subject.

I desire most of all to have it distinctly understood that my new treatment is not osteopathy and that I have never claimed that it is such or that it is closely related to it. Neither is there anything in the treat-

ment which is antagonistic to our science. I am an osteopath, first, last and always. I am a graduate of the American School, have passed a rigid examination before the medical board of the State of Illinois, maintain an office in Chicago and have a large practice which testifies to my strict adherence to the principles and tenets of osteopathy.

When the proper time comes in the meeting of our fraternity, I shall be glad of the opportunity of giving a full explanation of my method and of demonstrating that it does not invade the province of osteopathy nor yet contravene its principles.

ROY BERNARD, D. O.

Trude Bldg., Chicago, Nov. 11, 1901.

#### Athletic Notes.

The football season is at last over and interest in gridiron affairs will be dormant until next September. A number of old players will be back next fall and with additional new material in sight we hope that we will have a more successful season than the one just past. On the whole, football at the A. S. O. has not been up to the standard this fall. To begin with we had but few big games and the training of the men was not equal to that received last year by a long way. With good coaching and thorough training the A. S. O. football team should be the champions of the West next year. The A. S. O. should have made a better showing this year considering the material it had. During the season just past team work has not been up to the old time standard and that accounts in a large measure for the slump taken by the team. At present interest in a gymnasium is at the high water mark. The Young Men's Christian association is pushing the enterprise.

The following is a summary of the football schedule and scores for the season just closed:

Sept. 20, A. S. O. 5; Haskell Indians 6.  
Oct. 1, A. S. O. 0; Illinois University 22.  
Oct. 11, A. S. O. 40 Elsworth Medics (St. Joe) 0.  
Oct. 18, A. S. O. 29; Keokuk (Ia) Medics 0.  
Oct. 25, A. S. O. 17; Gem City Business College, Quincy, Ill., 0.  
Nov. 1, A. S. O. 24; C. B. C. St. Louis, 17.

Nov. 8, A. S. O. 28; Keokuk (Ia) Medics 0.  
Nov. 27, A. S. O. 6; Gem City Business College 5.

The A. S. O. team made a total of 149 points to their opponents 50 during the season.

#### Program of the Fifth Annual Meeting of the Ohio Osteopathic Society, Ghittenden Hotel, Columbus, Ohio, January 10, 1903.

10:30 a. m. Reports.

11:00 a. m. Paper—"Circulatory Disturbances," Chas. L. Richardson, D. O., Cleveland.

Fifteen minute discussion, opened by L. A. Liffing, D. O., Toledo.

11:30 a. m. Paper—"Digestive Disturbances," A. E. Cloud, D. O., Canton.

Fifteen minute discussion, opened by W. H. Wilderson, D. O., Circleville.

12:00. Noon.

1:00 p. m. President's Address, Clarence Vincent Kerr, D. O., Cleveland.

1:30 p. m. Paper—"Diseases of Children," Florence L. McCoy, D. O., Toledo.

Fifteen minute discussion, opened by Effie B. Koontz, D. O., London.

2:00 p. m. Clinics—Mary M. Dyer, D. O., M. F. Hulett, D. O., J. T. L. Morris, D. O., Columbus.

2:45 p. m. Paper—"Ohio's Chinese Wall," (1) E. W. Sackett, D. O., Springfield.

Fifteen minute discussion, opened by (2) F. E. Corkwell, D. O., Newark.

(1) A Vindication of Ohio's Osteopathic Law.

3:15 p. m. Paper—"Appendicitis," DeWitt C. Westfall, D. O., Findlay.

Fifteen minute discussion, opened by C. S. Kennedy, D. O., Cincinnati.

3:45 p. m. Election of officers.

Selection of member Osteopathic Examining committee.

"I have but laid the foundation; you are the builders."—Andrew Taylor Still.

#### State Y. M. C. A. Convention.

The Young Men's Christian association of the State of Missouri met in annual convention at St. Joseph, Nov. 20-23. The Kirksville delegation consisted of fifty-nine men, thirty-three from the A. S. O. and the re-

mainder from the Normal. The men from the A. S. O. formed one of the largest delegations present at the convention. A special car carried the Kirksville men to St. Joseph by way of Moberly and Kansas City, making a thoroughly enjoyable trip.

Judge Selden P. Spencer of St. Louis, was chosen chairman of the convention. Strong speakers, among whom were Fred B. Smith, Rev. W. A. Quayle, Geo. T. Coxhead, C. S. Bishop and others delivered addresses, presenting the various phases of the work of the association and making powerful appeals to the young men to enter more fully into the work of the Y. M. C. A. The climax of the convention was reached Sunday afternoon in the evangelistic service for men conducted by Fred B. Smith during which sixty-five men came forward accepting Christ as their personal Savior. The closing scene of the convention when nearly four hundred association members clasped hands, forming a circle around the auditorium of First Baptist Church of St. Joseph, and sang "Blessed be the Tie That Binds," was indeed impressive. That scene marked the close of the largest and in many respects the best Y. M. C. A. convention ever held in the state.

An invitation was extended the convention to convene next year at Kirksville. The matter will be decided by the state committee next February.

Some of the reports of the convention sent from St. Joseph bore the mark of sensationalism when it came to saying that the Kirksville men gave vent to college yells in the church auditorium. In truth, the college calls were given by several of the delegations in the street after the close of one of the sessions, rather than in the church as reported.

The convention was an inspiration to every man who attended and will manifest itself in the life of the local associations throughout the state.

#### A. S. O. Calendar.

For your office—A useful souvenir of your Alma Mater.

For your home—An artistic calendar representing old familiar scenes.

For your patients—A beautiful present to

ornament their homes for the coming months.

These beautiful seven paged art calendars containing appropriate quotations for the seasons, pictures of "The Old Doctor," the faculty and familiar scenes about the institution have been published by the Young Men's Christian association and are offered to the graduates on the field.

Useful in your office, attractive in your home, tasty as gifts to your patients these calendars will be greatly appreciated. You will be pleased with one and order more. Send orders to H. W. Glascock, 203 East Filmore, Kirksville, Mo. Single copies 40 cents. One dollar will bring three.

#### PERSONAL MENTION

Dr. A. T. Still will attend the Cleveland convention next summer.

Dr. B. O. Burton, formerly of Coin, Ia., has located at Shenandoah, Iowa.

Mrs. Vina Beauchamp, D. O., recently of Anaconda, Mont., has located at Centerville, S. D.

Dr. C. M. Case, formerly of Asheville, N. C., has located at 547 Century building, St. Louis, Mo.

Dr. R. E. L. Sevier has established his office in rooms 404 and 405 Dodworth building Pasadena, Cal.

Dr. E. M. Ireland, of the June class, '02, recently visited the A. S. O. He has gone to Central City, Nebr., to locate.

Dr. James A. McKee, formerly of Kirksville and Des Moines, has located at Lexington, Ky., for the practice of osteopathy.

Dr. M. L. Maxwell of Paris, Texas, made the A. S. O. a very pleasant visit during the past month. Dr. and Mrs. Maxwell have a good practice in Paris.

Dr. Helen M. Baldwin has opened an office for the practice of osteopathy at 6011 Penn avenue, Pittsburg, Pa. She was formerly located in Toronto, Canada.

Dr. R. B. Northrup and Dr. H. V. Adix have formed a partnership for the practice of osteopathy at Portland, Ore. They have offices in the Dekum building.

Dr. J. M. Kibler of Lynchburg, Va., has changed his office from 420 Church street to

corner Sixth and Church streets. He has established a good practice at Lynchburg.

Dr. P. M. Agee, formerly of Texarkana, Ark., has moved to Warrensburg, Mo. He informs us that he will open an office in Kansas City, Jan. 1, retaining the Warrensburg office as a branch.

Dr. E. S. Willard, formerly of Norfolk, Va., has gone to Brooklyn, N. Y., with offices at 688 Nostrand Avenue. His father, Dr. W. D. Willard, remains in charge of the practice at Norfolk.

Dr. John W. Maltby has opened an office at 209 Fifteenth street, Milwaukee, Wis. Dr. Maltby was one of the best students ever graduated at the A. S. O. and we predict success for him.

Dr. R. H. Williams, formerly at Cincinnati, O., has moved to Kansas City, Mo., where he has opened offices in the New Ridge building. He disposed of his practice in Cincinnati, to Dr. John Swanson, his former partner.

Dr. R. F. Jamison of Manistee, Mich., has been appointed examining physician for the Eastern Star Benevolent Fund of America and the Independent Order of Foresters. The doctor writes that he is practicing osteopathy straight and is meeting with splendid success.

We are advised by Dr. W. L. Hoefling of Salt Lake City, Utah, that the osteopaths of that state formed a state association and had a meeting in Salt Lake City, November 15. A constitution and by-laws were adopted by the new association and it will take active steps toward securing favorable osteopathic legislation during the coming session of the state legislature.

Dr. Walter J. Novinger, who has successfully practiced osteopathy in Trenton, N. J., the past two years, has formed a partnership with Dr. John H. Murray, formerly of Burlington, Wis. They have offices at 147 E. State street in Trenton. These gentlemen are both graduates of the A. S. O. and will make a strong team in the practice, both being genuine osteopaths.

Dr. C. H. Woodruff, recently of Flagstaff, Ariz., has gone to Los Angeles, Calif., where he has formed a partnership with Dr. Geo. F. Burton. They have offices in the Frost building. They are both graduates of the A. S. O. and will ably represent osteopathy on the Pacific coast. We understand that Dr. Woodruff will open an osteopathic sanitarium on Angeleno Heights near Los Angeles.

The following alumni visited the A. S. O. during the last month: Drs. W. D. Sigler, Jr., of East Palestine, O.; Homer Elsea, LaHarpe, Ill.; A. M. Smith, Dalton, Ga.; A. M. Hoard, Cherokee, Ia.; Roy Beeman, Pittsfield, Mass.; Georgia Carter, Springfield, Ill.; C. A. Wolfe, Chillicothe, Mo.; J. F. Knox, Bedford, Ia.; H. W. Houf, Fulton, Mo.; Lulu R. Harbert, Richmond, Mo.; H. L. Riley, Hartford, Conn.; William Thornton, Memphis, Mo.; I. E. Scobee, Denison, Ia.; Alice N. Willard, Norfolk, Va.

#### Osteopathy Better Than Drugs.

Dr. W. D. Bowen of Washington, N. C., a graduate of the A. S. O., Feb. 1901, in a recent letter to Dr. A. T. Still wrote the following:

"I am here where I practiced giving drugs, and have cured many to whom I gave medicine for years without any permanent relief. I have been here one year and have had splendid success with all the cases I have treated, and can truthfully say I would not give the information gotten at A. S. O. for that all the medical schools could teach me. I could not practice medicine again conscientiously, and I think less of the drug system of treating diseases every day. I don't think any one can so thoroughly appreciate the comparison as one who has tried both, then he can see the folly of drugging, especially for some trouble that can only be cured by correcting some misplaced part of anatomy that is causing the trouble. I have demonstrated the truth of osteopathy many times in my last year's experience." Dr. Bowen practiced medicine for a number of years at Washington, N. C. before taking up the study of osteopathy.



## CLINICAL REPORTS.

REPORTED BY M. HOOK, D. O., BONHAM, TEXAS.

**Nervous Prostration**—

Mr. H., age thirty-eight, wholesale merchant of Denison, Texas, was a nervous wreck from over work and alcoholic excess. In the autumn of 1898, while at his store he became very angry and fell backward in a fit from which he soon recovered but for some time, as a result of this attack, he was mentally deficient. He was taken to a specialist in California and took several months treatment with but little success. At that time he was in such a condition that he had to be led by his wife who never allowed him to be out of her sight. She was obliged also to answer whatever questions that were asked him. On January 16, 1901, he came to my office for an examination. I found his mind clouded, he could not keep up a connected conversation and spoke with great difficulty. The atlas was very much to the right, the third and fourth cervicals were also to the right. There were strong muscular contractions all along the spine. The hyoid bone was down and twisted back against the phrenic nerves, the upper dorsal was anterior. A posterior condition existed from the seventh dorsal to second lumbar. The top part of sacrum was about one-half of an inch anterior. The coccyx was also anterior. He had no control of bladder sphincters, was constipated, appetite and digestion were fairly good. At the third treatment I corrected the cervical lesions and the sacrum. Patient was able to come alone to my office for the fourth treatment. After two weeks I corrected coccyx and the bowels become normal. At end of six weeks the bladder trouble was corrected. He took three month's treatment and was able at the end of that time to walk from two to five miles daily.

**Dislocated Hip**—

Mr. F. called at our office very lame with some pain in his back and hip. He had been under medical treatment some time but continued to get worse. He was relieved at the second treatment by reducing a partial dislocation of the femur.

**Neuralgia**—

Mrs. S., age seventy-two, came to our office with severe neuralgic pain in the side of her neck and head. At the fourth treatment a twisted atlas and third and fourth cervicals that were too far to right were replaced. Pain ceased almost instantly. She also had been troubled a great deal with hepatic colic at times. Lesions at the eighth and ninth dorsal when corrected readily relieved this condition. She took twelve treatments. A year has elapsed and she has had no return of her former troubles.

**Headache**—

Mr. B., age twenty-eight, of Bonham Texas, had been subject to severe headache and indigestion for five years. He called at our office May 30, 1901, for an examination. I found the fourth dorsal markedly posterior. At the third treatment I reduced the lesion and the headache ceased almost immediately. After two weeks time he did some heavy lifting and returned with the old headache. I replaced the fourth dorsal again which had been thrown out by his lifting and the pain stopped as before. After three months there is no return of the pain and his digestion is good.

REPORTED BY H. H. SMITH, D. O.,  
BURLINGTON, IA.**Nervous Breakdown**—

Woman, age sixty. Condition; nervous, emaciated, terrible spasms of pain in the temple, continual ache in back of the neck and head, very weak, complete loss of appetite, slept poorly at night. Said she had tried everything, but medicine didn't seem to help her.

Lesions: Second and third dorsal vertebrae were to the right, third cervical slightly to the left. The whole spine was rigid with thickening of the vertebral ligaments, especially at the upper dorsal region. There was a history of injury in this case. Ten years ago while riding in the back seat of a double seated rig the horses ran off and jerked her out backward with the seat, she struck with the upper part of back on the hard ground. When called to examine this case I told her I had reason to believe I could relieve her, but would *not* promise a cure. I *never* do that. I loosened the spinal muscles, slipped the misplaced bones back and relieved the tension in the back of the neck.

She began to improve at the fourth treatment, and now after one month and a half she is almost well. She now has no pain whatever, her appetite has returned, she sleeps soundly and can bend and move around easily.

**Uterine Misplacement**—

Girl, age 17. Condition; emaciated, bad color, terribly constipated, complete cessation of the menses for sixteen months, backache, pains in back of limbs, also a great deal of pain in region of uterus and ovaries.

Lesions: Sixth and seventh dorsal misplaced laterally, right innominate backward, lower ribs on right side down.

Diagnosis: I reasoned there was retroversion of the uterus interfering with the bowel, also the bending of the isthmus was causing a stoppage of the flow. The dorsal lesions were responsible for the ovarian trouble. I made no vaginal examination on account of the age of patient.

Treatment consisted of reduction of the dorsal lesions, and correcting the innominate displacement which was causing irritation to the posterior ligaments of the uterus. I have treated the case three months and the flow has returned being normal and lasting four days, constipation greatly relieved, some gain in weight and lessened pain.

REPORTED BY DR. P. M. AGEE, WARRENSBURG, MO.

**Dislocated Hip Joint**—

Mr. C. T. O.—of Warrensburg, was thrown from a buggy and sustained a dislocation of the hip. The head of the femur was forced out of the acetabulum and lodged on the dorsum of the ilium.

A physician was called to attend the case but failed to diagnose the condition, it is presumed, as no treatment was given tending to reduce the dislocation. Patient was confined to bed for some weeks with the assurance of being well when able to leave the room.

After becoming able to walk by means of crutches, patient discovered that the injured leg was about three inches shorter than the other.

After some months without getting better patient was induced to go to an osteopath.

He consulted Dr. Nuckles of Marshall, Mo., and received several treatments from him. He then went to Kirksville and was there assured that his hip was dislocated and that he would probably get relief through the proper osteopathic treatment. He then came to my office. I found that Dr. Nuckles had accomplished a great deal in the way of breaking up adhesions and "loosening up" the muscles. Case was treated at my office one month before dislocation was reduced. After hip was set it came out several times. In fact, it slips out at times yet, but the limb is gradually getting stronger and I believe that it will finally remain in place and complete recovery result if treatment is continued for some time.

Mr. O. is over 60 years of age, and rapid recovery is not expected.

**Acute Gatarrhal Dysentery**—

Mr. G.—of Warrensburg, had an attack of the above disagreeable trouble following eating of improper food. For two days patient was forced to go to stool four or five times an hour. Stools small and of a mucous nature, accompanied by pains in abdomen, known as tormina (twisting pains) technically.

Treated center of peristalsis, temporarily checking bowels. Strong stimulating treatment was then given to the liver. Treatment was given about 10 a. m. Diarrhoea was immediately checked and a perfectly natural action was had on next going to stool.

**Sprained Ankle**—

Mr. S., a member of the Warrensburg foot ball team, severely sprained his right ankle in a game of foot ball. The physician in attendance put ankle in plaster bandage which gave great relief and enabled him to continue "in the game." After bandage was removed ankle became very much inflamed and swollen. Two osteopathic treatments relieved the trouble entirely.

**Asthma, So Called**—

Mrs. W. T. Agee, Kirksville, Mo., mother of the writer, at times is attacked with asthma. Attacks are usually preceded by a "tightness" in the chest which indicates

the coming attack to the patient. Every attack which has been observed has been caused by contraction of the chest muscles and the typical contraction of the chest walls, interfering with lung capacity.

One or two treatments have always entirely relieved patient. The treatment simply consisted of "raising the ribs" as the osteopath expresses it. This was done in the usual way, i. e. by placing knee in back and raising patients ribs, using the arm as levers, the patient being under forced inspiration. I find that most cases of asthma will yield readily to osteopathic treatment.

REPORTED BY W. H. JOHNSTON, D. O.,  
FT. WAYNE, IND.

#### Dislocated Hip—

Mr. W. F. Britton of Decatur, Ill., came to me for treatment for a bad condition of the knee, the result of an injury. In his own language his condition was described as follows: "On the 15th day of March I had my leg sprained in the knee, as I thought, holding a spirited horse. The best medical doctors were called. I was told that my leg was in good shape excepting a bad sprain which could only be healed by time. The best of care was given me and after three months time I found to my great surprise that my limb instead of improving was shrinking away. At no time had it caused me any pain, and almost before I was aware it was a third smaller than my well leg." This was his condition when he first came to me for treatment. On examination I found not only the sprained condition of the knee but a dislocated hip. This last condition was causing the atrophy of his leg. After five weeks treatment he is practically cured. I succeeded in reducing the dislocation and thus correcting the nerve and blood supply to the leg.

#### Diphtheria.

WM. CLARK, D. O., HOUSTON, TEXAS.

In the October JOURNAL OF OSTEOPATHY, in an editorial entitled, "Serums and Osteopathy," I note the JOURNAL's position as to treatment of diphtheria. Anyone who has had the opportunity to test osteopathy in the treatment of diphtheria knows it will cure the disease in less time and with fewer complications than the antitoxin system.

Osteopathy, properly applied, needs no adjuncts. My experience with diphtheria, I will admit, is limited, but in the few cases I have treated, I have been able to cure the disease in from three to seven days—the time in each case depending upon the stage of the disease when called. I have had no trouble in reducing the inflammation and clearing the throat of the membrane. We osteopaths who adhere to the principles as taught at the A. S. O. have no use for serums, electricity, etc., in the treatment of any disease the human body is heir to. The founder of osteopathy says: "Disease is the result of obstructed circulation and nerve force," therefore our treatment is to find the lesion and remove it, thus freeing the circulation and restoring the nerve force.

An osteopath who advocates serums as an adjunct to osteopathy clearly shows his failure to grasp the principles of osteopathy as taught at our alma mater.

Like brother osteopaths who have located in a field where the people knew little or nothing concerning osteopathy, I have had some hard experiences, but I have my first patient to go away without receiving at least some benefit.

I depend wholly upon the efficacy of osteopathy for results.

The true osteopathist aims to free the system of its impurities instead of contaminating the blood with noxious substances as serums, vaccines, etc.

I report herewith two cases of diphtheria successfully treated. The first case was that of little Emmet H., aged three, of this place.

When I was called to see this case I found the child suffering with all the symptoms of diphtheria, swollen faces, grayish membrane, contracted muscles about the neck, hyoid bone up and back, fever 104°.

I gave the throat and neck a thorough treatment to relax the muscles free and the circulation in order to relieve the congestion and inflammation. Gradually the hyoid bone was replaced and the fever was treated in the usual way.

I attended this case seven days. The first day the fever was 104° and pulse 140. These conditions gradually got better until on the seventh day the temperature was normal and the pulse was 84. By the fifth day the membrane was entirely gone. This case made complete recovery without complications. A few days later, the brother of the boy mentioned in the above case developed the same conditions as were found in the first case with the exception of the membrane. Two treatments were sufficient to relieve this case.

## DISEASES TREATED.

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

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

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

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

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

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

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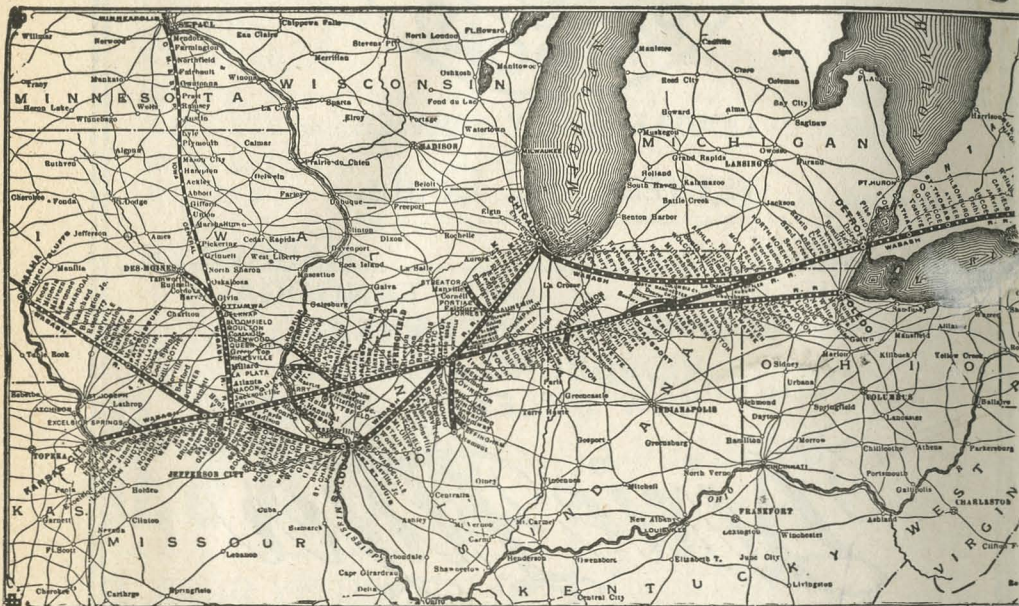
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