

The Journal of Osteopathy

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THE JOURNAL OF OSTEOPATHY

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POSTURAL DEFECTS.

DR. CARL P. MCCONNELL, CHICAGO.

Defects in posture are of very common occurrence. In fact, a perfect posture is somewhat rare. Considerable is being accomplished, especially of late years, by the laity through various physical methods and exercises to correct the many defects of position in sitting, standing and walking. The originators of the many so termed systems of exercises have gone so far as to advertise to cure various diseases of the body as well as attempting to improve the normal tissues.

Undoubtedly, exercises have their place, particularly in the life of those of sedentary habits. Most of us do not exercise enough, neither do we as a rule get enough fresh air and pure water. But there are defects of the anatomical that mere gymnastics can not adjust. The mechanism of the body has become so disturbed that nothing short of actual mechanical readjustment can be effective.

The essential point to a clear understanding of this subject is a thorough realization that the human body is a mechanism or human engine. (This is an often repeated statement in osteopathic literature, but contains such a fundamental truth, in fact, the basic concept of osteopathic medicine, that it will bear continuous repetition.) Just as soon as the layman appreciates this fact, then, just as sure will the world of suffering be less a factor in our every day life.

We do not think it strange to have any mechanical structure readjusted or reconstructed when it becomes damaged or distorted in symmetry or design. It is the most common and simple thing possible to have a mechanic, one versed in the construction of its component parts, called in and the sections and parts carefully examined and corrected. The above thought illustrates the fundamental feature of the osteopathic school. Every principle of mechanics, of the simple-machines of natural philosophy, will be found represented time and time again in the physiological workings of our physical anatomy. This is not secret or exclusive knowledge, it is well known to all anatomists and physiologists. The body is built and operates according to definite mechanical laws, and discord of the normal physiology can be traced to some disobedience of these laws. Maladjustment or malalignment of the constituent parts, caused by strains,

sprains and various physical accidents is a part of the result of this disobedience. In other words, the body being a mechanism is subject to the same racks, injuries and physical violence as any structure.

It should not be understood that the osteopathist believes every disorder of the body is caused by physical injury disturbing the integrity of the body mechanics, for the human body does not only represent a physical mechanism, but much more—a living vital entity that thinks, reasons and acts—in a word, an intelligent being.

Thus there are other causes of disease such as errors in thinking, living, eating, ETCETERA. But the major part of characteristic osteopathy has to do with physical mechanical disturbances as causative factors in disease. The osteopathic conception of disease is sane, logical and rational because it holds fast to facts—actual, anatomical and physiological facts.

In this article we are to consider a few of these actualities. Physical defects limited to postural defects constitute the small portion we are to discuss of the wonderful but yet simple philosophy of the osteopathic school. It will deal with merely a few of the mechano-anatomical deformities. Most deformities or distortions have a small beginning; indeed, many of them at first might be termed defects of posture, which through negligence and improper care have developed gradually into gross deformities or disease. This evidences the far reaching effects of many defects, slight at first, but always possible of serious consequences.

A common criticism of the osteopathist is that he often finds some malposition of the spine, the chest, the shoulders, the hips, and so on. The fact of the matter is, as heretofore intimated, very few individuals are reasonably perfect of physique. Another fact is, and a potent one, very few individuals are absolutely healthy. How many acquaintances can the reader recall that do not complain of some ache or pain? And has it ever occurred to the reader there may be a probable relation between imperfect physique from the osteopathic view point and the thousand and one ailments, slight and otherwise, nearly all of us complain of?

The osteopathist does not claim to correct all defects of the anatomy, such a claim would be preposterous. To correct some of the physical defects would require a treatment somewhat analogous to the treatment suggested in a few mental, nervous and organic diseases, viz.; a correction of disorders and environment of one's ancestors. But within reason and as advocates of a sane therapeutics, the osteopathic school deserves superior recognition.

ROUND SHOULDERS.

How many children have escaped the parent's criticism to stand and sit erect? And not a few of the afflicted have not succeeded after persistently attempting to do their best.

Round shoulders or stoop shoulders are commonly attributed to laziness. This is a mistaken idea. Probably quite a few cases are due simply to laziness and indifference, and others may be carelessness, and usually when they arrive

at an age where pride of their physical demeanor and prowess enters as a life factor the child soon overcomes the postural weakness. With still others the correct, persistent physical training, as exemplified in military schools, will readjust the defect.

But there is a class, and by far the larger, where round shoulders is a very real and active weakness of the physical body. And the weakness is not primarily in the shoulders, as nearly every one thinks. The stoop is an effect. The origin will be found in the lower dorsal spinal column, the spine at and just above the waist line. Here will be found a posterior curve, a backward tendency of the spinal column. Instead of the graceful inward curve of the spinal column at the waist line will be discovered an opposite tendency of the spinal column. This is the real, the original cause of the major portion of round shoulders.

The backward curve of the spine, instead of the forward curve as it should normally be at the waist, takes away the "brace," or truss if you will, of the spinal column that is so essential in maintaining an erect posture of the shoulders. It allows the person to "fall into his stomach," to drop the shoulders and to depress the lungs. The back is one continuous backward bow. And when the individual does try to sit straight, and it is always with a constant effort, the normal, the physiological curves of the spine are not apparent.

First, then, there is a spinal weakness in the region of the nerve supply to the digestive organs; indigestion of various forms is a common accompaniment. Second, there is lessened lung and heart capacity. The upper ribs are depressed shutting off freedom of circulation to these parts. Consumption and other diseases are predisposed. And, third, the shoulders are round from the spinal weakness and narrow chest, really an effect, but, of course, the most noticeable and still the least serious.

Is it any wonder the child's blood is apt to be impoverished? Poor digestion and insufficient aeration of the blood are primal causes of anemia.

What, then, should be done in order to correct the round shoulders?

It is evident, from careful observation and study of these cases, that the treatment resolves itself into the treatment of a posterior spinal curvature. Shoulder braces, steel braces and jackets, and casts have very little if any place in these cases; although there may be diseased bone of such severity and character where the cast is necessary, but such cases do not come within the scope of this paper.

The correct treatment, summed up, is as follows:

1. Osteopathic treatment to replace and readjust the maligned vertebræ. An actual physical manipulation, a handling of the vertebræ at fault, with which all osteopathists are thoroughly versed, is absolutely necessary. This work is peculiarly characteristic of osteopathy. Any one after an explanation on the living subject can easily see its reasonableness. The spine should be manipulated back into normal position and relation. This is essential, and is by far the primal treatment. The key to the truss or brace that holds the body in an erect position is then replaced.

2. Raising the depressed ribs. This can readily be accomplished by the trained physician. The depressed ribs are dependent upon the spinal condition.

3. Exercises: The individual's part is in a way as necessary as the physician's work. Through exercises, holding the shoulders back and deep breathing, the patient is able to maintain the correction obtained during treatments. The patient must be conscious of the work required of him and act in correct concert with the physician. Minute instruction on the merits of each case is demanded.

Good food, pure water and fresh air are necessary, particularly in the anemic. Right living and correct environment are always in order. Shoulder braces in a certain few may be helpful.

(TO BE CONTINUED.)

SO MANY MONTHS, OR THE MAN.

R. G. Lewis, D. O., Cincinnati, Ohio.

How long should one be required to study before being granted a diploma and entitled by law to practice osteopathy?

Early osteopaths studied six, ten, fifteen months or so; went out and practiced successfully. It is said that there were fewer failures in proportion to their numbers than among recent graduates. (I know the arguments of "larger fields," "fewer competitors," "a new method," "greater number of cases to choose from," etc., but I believe that their direct preparation and singleness of aim, ability and effort to cure the greatest number in the shortest time by osteopathic treatment alone—were the causes of their great success.)

Late graduates separate into three classes:

1. Those who get too many ideas into their heads, are confused in aim, and became "mixers" in practice. Some of them come out all right; some drift away from true osteopathy. 2. Those who can discriminate between the theories and the facts taught, and apply osteopathy as "the Old Doctor" intended—a growing class, the dependence of our science. They are as successful as the early osteopaths and will be more so in the years to come. 3. Those who do not get enough, or rather those who get indefinite ideas of osteopathy. They either fail outright or learn by dear experience. The "dear experience" people become excellent operators at last. The fact is—and it should not only be admitted but also acted upon to some practical end (see article to follow)—every "graduate" is not a truly osteopathic operator. Time counts, but individuality is the directing, controlling and successful factor in making a true osteopath.

In what time can the "principles of osteopathy" be learned? Having a good knowledge of anatomy and physiology, with a certain amount of information concerning pathology, symptomatology, chemistry and minor surgery, a man of good education can get them into his head in a few months. The best methods of applying them—known as "the practice of osteopathy"—can be acquired by instruction and operation within fifteen months. Then ease,

smoothness, success in treatment can come only by the regular practice that throws the responsibility of the case upon the practitioner. Therefore as soon as he has the information in his head and some knowledge and adeptness in his fingers, then it is time to go forth and use and perfect it.

The requirements necessary to our practice are: 1st. An ordinarily strong mind. 2nd. A fair, general education. 3rd. A good osteopathic education. The first and the second should be required of all who enter our schools. As for the third every osteopath knows that many hours and days were seemingly wasted in going over the same ideas again and again. He got them into his head, and then needed only practice, not frequent and useless repetition of them. He knows also that he, or some of his classmates, could have gotten through the course—so far as real study went—in half the time that was given to it. He may know further that other classmates could not learn osteopathy any better by studying three, four or five years—only by practice, if at all. So I think that twenty months in school are sufficient for turning out the average osteopath.

Don't I believe in more thorough preparation by longer time for study? I believe in better education, in more thorough preparation, but not necessarily in more time put in at an osteopathic college. The man or woman who intends being a general practitioner can obtain the necessary osteopathic knowledge, training and trend in twenty months attendance upon competent teachers. Further time is a sop to conciliate the M. D's and their unreasoning adherents, or spent in attempts to imitate their methods. The man who cannot learn osteopathy in that time should give it up. The man or woman who can learn it in less time should learn more than the average student during his compulsory course. The man who intends to be an osteopathic surgeon should put in more time, most likely. The man who desires to be a teacher should put in more time. The man or woman who intends being an osteopathic specialist should put in more time. The man who desires to follow the footsteps of the M. D's, or to be compared with them by mystifying patients and their friends with the technical terms now used by the M. D's should put in more time—or learn that farrago elsewhere. The advancement of osteopathy requires that its students should be better educated to begin with, rather than that they should study English, Latin, and the principles of mechanics and chemistry in its course. Our course should be **DISTINCTLY OSTEOPATHIC**, not **ALL-OPATHIC**, in design and in execution. There are certain kinds of knowledge that the average osteopath—having the "principles" and correct ideas of their application or "practice"—can fill in with by practice and reading after graduating more intelligently and more usefully than he could before. Our graduates should not be handicapped with too much indigested, irrelevant, useless or false knowledge. Teach them "principles" and positive truths; to think for themselves; to use the knowledge they possess; then each can fill in accessory knowledge for himself, as he comes across it or as he needs it.

THE CONVENTION.

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The Convention of 1904 has come and gone, and the scribes are busily engaged writing its history.

Having been asked by the editor for an expression concerning the general situation, the writer gladly responds and incidentally touches upon his personal experiences at the meeting.

A certain ambitious publication that sells well in the profession gives us the first printed account of the doings at St. Louis. It is the Hearstian organ of the profession. This journal announces with much joyousness that the convention nobly held up the fervid hands of those who have been reaching out so strenuously for the extension of college courses and the adoption of a code of ethics. It also announced that the convention had consented to give the parent college one year of grace before compelling it to "toe the mark" on the three year mandate. This gracious extension of time by the extensionists, however, was granted with decided ill grace. They believed their fond old parent should be dealt with summarily. He could keep the pace well enough if he wanted to, and all he needed was a clubbing.

This journal of course did not use these words, but in the telling it leaves no doubt as to its extreme partizanship, and it is this partizan spirit that the writer here takes direct issue with, for it is the spirit that dominated the convention.

It is that spirit which seemingly loves nothing so much as to be "broad." Depth, height, and carrying capacity rarely if ever enter into its calculations. It is the spirit that can see only pleasure and satisfaction in the quarreling of a large and inexperienced body with its honored and illustrious head, or of donning a second hand code that has not been properly cleansed and aired. It is in fine the true spirit of anarchy and destruction.

The code adopted, originally condemned "ABORTION," EXCEPT WHEN "NECESSARY." This was protested against by the writer and the wording was then changed, very magnanimously, so as to condemn the "DESTRUCTION OF LIFE" except when "necessary;" thus making it a veritable stock-yards' code instead of a semi-osteopathic one. The change merely stripped the clause of its partial obscurity and left the ugly shape of its purpose stark naked.

The real sense of the change was not grasped by the writer at the time. He believed the committee had proposed a substitute that would really remove the objectionable feature, but such proved not to be the case, and all subsequent efforts to obtain a hearing were futile. The committee appeared determined to work in the clause regardless of all cost. No valid reasons were given for its actions, and such excuses as were offered had to be almost begged from the members of it.

One member said he admired the position of the writer and did not wish to be understood as opposing it. Yet he did oppose it most earnestly. Another member said he wanted to leave the code so as not to bind anyone's conscience, when at the same time he was championing the most tyrannical bondage possible. He had forced upon the consciences of members in good standing a principle as odious as it is insulting to their religious faith—a faith subscribed to by two hundred and fifty millions of the world's inhabitants and as old as Christendom. But this seemed to make no difference to the committee. Nothing in fact seemed to alter its predetermination to foist its conclusions on the association without change or further deliberation.

So the greatest of osteopathic conventions so far, has gone on record before the people as being ready to kill human beings when in its exalted wisdom and judgment it is "necessary." Thank God it was the convention that so went on record and not the profession itself. The founder was not present and his views stated on the floor by the writer were ignored. Only one-tenth of the profession voted on the matter, and therefore it was by no means representative legislation. It was class legislation, and the chief supporters of the committee's work were of those whose loyalty to the father of osteopathy needed self-exploitation.

"Necessitas non habet legum" ("necessity knows no law") has at last wormed its way into a portion of the profession through the unguarded back door, and it will not retreat very easily when the stain is discovered and the courts of the land grip some unfortunate fellow-osteopath. It will not play possum in the code long—this loathsome viper that was born in the brain of Cain, nursed by Herods, and cursed by every victim of its strangling coils. It will touch with its slimy scales and strike with its dreadly fangs more than one of "Pap's" children before the code itself is repudiated as repudiated it must be in the chastening waters of time.

There is honor and glory indeed for those who saddle, unwittingly even, upon a noble profession—a profession sworn to the care and saving of life—a code that courts the wrath of Heaven by blasphemously daring to amend the fifth Commandment of the Decalogue!

At St. Louis no one seemed to know that the position here censured has been as vigorously condemned by the highest legal and medical authorities of the world. And it appeared of no concern that the highest osteopathic authorities also condemned it.

But osteopathic authorities were not favorites on any proposition at St. Louis, so perhaps the citing of them really hurt the case. All authority anyway seemed to be with the code and educational committees and their friends.

No one seemed to know that Dr. Boislinfere, the famous obstetrician, had proven beyond a doubt the villainy of this very plea of "necessity" as an excuse for child-murder, before the St. Louis Obstetrical and Gynecological Society but a few years ago.

No one seemed to know that the Lord Chief Justice of England, Judge Col-

eridge, and other Patriarchs of English Law—which is the basis of our own Jurisprudence, and to which our state laws must eventually conform if many of them do not already—handed down the same rulings, and inflicted the death penalty upon the offenders.

And saddest of all no one seemed to know that the admission, even tacitly, that it is ever NECESSARY TO DESTROY LIFE was a flagrant violation of osteopathic fundamentals. It was a vicious stab by a fine stiletto through the vitals of Dr. Still's philosophy.

"We treat causes and the old school doctors treat effects," has been our proud cry ever since our weak throats became osteopathic. "We treat the spine when the nerve impulses are obstructed" is another good old phrase that has made most of us what we are. But we cannot rhapsodise thus any more. We must come back to earth it seems. We only treat causes now when they SEEM correctable. When they do not, we must practice the arts of a school which, thank God again, we are not skilled in, and have no right to employ.

When we come across a deformed pelvis now, we must not treat the deformity, but we must take the life of the NEAREST INNOCENT PARTY—the one LEAST guilty and MOST DEFENSELESS! In the one phase of disease when nature (our osteopathic god) is fully aroused, straining every power, and doing its utmost to accomplish the supreme end of its mission, we are now told to leave the obstacles—the lesion, alone and permit or perform the destruction of that which even nature and every natural mother is ready to lay down a life for. Is this medicine? is it osteopathy? is it sanity?

Those who cried most loudly of surgery at St. Louis never whispered of Ceasarian Section Symphysiotomy, or any of the other numerous operations in vogue that at least put to undying shame such crimes as craniotomy and abortion.

One osteopath of note at the convention justified the destruction of the foetus on the lofty (?) ground that we have always permitted the use of a colon tube when we fail to remove an intestinal impaction. This he said showed that we do not always treat the cause. The erudite doctor was blissfully ignorant of the fact that he thus stultified himself and proved exactly what the writer was maintaining. Between puffs of his cigarette he calmly placed human life on the unspeakably low level of HARDENED AND IMPACTED FECAL MATTER. At one fell swoop this kind of reasoning brings osteopathy down to a similar level—the level to which the old school had been brought when Dr. Still rebelled. In a few more years our conventions will be talking about killing the insane and crippled, or all diseased people, just as some of the old school leaders are now doing, if this goes on.

Another prominent osteopath and moulder of osteopathic thought, commiseratingly informed the writer that he was a kind of dreamer, a visionary, an idealist. The position was right theoretically but not practically. MORALLY right but OSTEOPATHICALLY wrong. To use his own final words, he said with an authoritative wave of the hand that the writer was "up in the clouds."

Maybe so, alas, maybe so. It may be true that to champion human life in its weakest, most innocent and defenseless forms as well as in its stronger, more guilty and aggressive forms, is in some osteopathic conventions a positive symptom that the delegate is mentally weak and ethereal—that he is bobbing about like a balloon amid the clouds; but it is also morally certain that there is enough of intelligent and clean minded people both inside and outside of osteopathy to make it extremely unlikely that he will ever lack company or sympathy in his aerial flights.

In this instance, the writer spared his critic a description of himself as he appeared to the "sky-pilot."

Still another friend of the "necessary" murder clause, and an ex-president of the association said very confidently that "we must get after the 'vibrator' osteopaths." The grim humor of this philosophic gem was overpowering. It would be interesting to see the attempt made at prosecuting the vibrator devotee when the code itself creates an entirely new and worse kind of osteopathy who permits operations or machinations that are destructive of life itself. Osteopathy becomes but a dangerous form of scientific hysteria when its followers weep over the use of drugs, knives and vibrators and at the same time give special codified sanction to their most deadly and indefensible uses.

It was upon such amazingly fallacious grounds that all objectors to the code were cried down or cajoled into silence at St. Louis, and it is impossible to suppose that the great body of the profession will condone the atrocity. It would be a crime against human nature to think that any considerable number of rational beings would submit to it. The whole process was a travesty on reason and justice.

Two of the heaviest guns brought into the contest for the malevolent clause were gentlemen of boasted allopathic lineage. The flaunting of their allopathic records constituted the bulk of their arguments and they were accorded more applause than was given to Andrew Taylor Still's own sentiments. What a pity! And osteopathy only twelve years old!

Here gentle readers was the real issue at St. Louis. The question of codes, courses and colleges was only the prelude to this same old attack on the system that has been made repeatedly since the first college was founded and that will continue to be made until the last "regular" has returned to mother earth.

One of these last mentioned gentlemen had not even a right to the floor of the convention. But that made no difference, he was at once given the privilege by unanimous consent. And after he had delivered himself of a brief but ample sketch of his experiences he revealed the sole purpose of his coming there, namely, to ADVERTISE A CIRCUS.

Is not this a shame and a disgrace to any deliberative body of professional men and women? How much confidence can a discerning public repose in the sagacity and judgment of such physicians? How much is deserved? It would be wrong, too, in seeking the responsibility for this grewsome fiasco—this massacre of osteopathic principles on the false plea of "NECESSITY"—the plea that

PUBLIC SENTIMENT DEMANDS IT, to blame the gentlemen of allopathic lineage. It would be wrong to blame the adepts in the practice here condemned, for they know nothing better. They have been taught to do so. The blame rests upon those higher up osteopathically.

It rests with those who were asked for a code and delivered a viper. It rests with those who brought into an osteopathic assembly for the first time the diabolical principle that "necessity knows no law" that "the end justifies the means" and "a life for a life!"

It remains for them to atone for it.

If it is allowed that it is necessary in osteopathy to kill sometimes, the whole osteopathic fabric vanishes at once. We become hypocrites and pretenders; for that admission throws us squarely back to those doctrines and practices which Dr. Still repudiated forty or more years ago. We cannot compromise the matter. We must stay on one or the other side. The principle is either right or wrong and it needs no great study to see which is the osteopathic side. The gentlemen of allopathic lineage were quick to see the loop hole in the code and true to their former agility they lost no time in getting their feet in the door.

But these gentlemen will probably not have to fight hard to hold their advantage. So far as the writer is concerned they are welcome to it. Many a good osteopath helped them get it and far be it from the writer to thrust his views on anyone. He has no desire to pose as a Moses for the profession. There are too many already. The conventionists may run the conventions but they can never run the profession. Truth is mightier than error and it will prevail in osteopathy as surely as it is there. A. O. A.'s may come and go but Dr. Still, Kirksville and osteopathy are permanent and immortal symbols of the eternal.

The convention merely showed that the old fights between osteopathy and regularism which used to be conducted on "Dr. Charley's" lawn at Kirksville have been shifted to the field, and the Fair Grounds and parks of cities comfortably distant. National associations are at stake now and not the fountain head of the system. For this every true osteopath can breathe easier in the presence of these spectres and hold his diploma as sacred and secure as the far famed Rock of Gibraltar.

OSTEOPATHIC LEGISLATION.

The desires of the people upon most subjects of public concern generally become crystalized in legislation. The purpose of those urging legislative enactment is either to secure the rights of the people or to protect or otherwise advance the interests of a class. The first purpose is commendable, but should not be invoked unless certain "inalienable rights among which are life, liberty, and the pursuit of happiness" are threatened. The second purpose should never be an end in itself but may be the result of the adoption of means necessary to secure the greatest benefit to the greatest number. Another principle

that should be kept in mind in all legislation is that no power of government should ever be used to perpetuate fraud, deception, or any form of injustice.

This has been the spirit in which osteopaths and the people have asked recognition by act of our state legislatures. In almost every state osteopaths were thrown upon the defensive. The reception often given the osteopath was threatened arrest, and, as the records show, the threats were often executed unless the osteopath quickly surrendered his inalienable right to liberty and the pursuit of happiness, or the people, the patients of osteopaths, quietly surrendered their hope of relief from suffering through osteopathic ministrations. But neither the osteopaths nor their patients were to be intimidated by threats or turned from their purpose by ridicule. They stood their ground, knowing that their cause was just; and almost without exception, they have succeeded in getting the laws they asked for, although not without a contest. In some states osteopaths are protected by court decisions instead of by legislative enactment. Thus it appears that at least two-thirds of the states and territories have established the legal status of osteopathy either by acts of their legislatures or by decisions of their courts. In most of the others, osteopaths are not molested. In fact there are graduate osteopaths practicing their profession in every state and territory of the union.

To one not familiar with the influences brought to bear upon members of a legislature both individually and collectively, it would seem as if almost every thing asked for by the osteopaths would have been willingly granted; but on the contrary, certain conditions existed which rendered the desired legislation either difficult or impossible of attainment. Foremost among the forces very naturally arrayed against osteopathy were the members of the medical profession, generally acting collectively and under the guise of enforcers of the law and protectors of the people against impostors. They sometimes tried to wield their influence by such flagrant misrepresentations that the result was more favorable than injurious to the cause of osteopathy; but generally they have used more discreet measures such as are employed by those who are adepts at securing the support of the people by appealing to their pride, or prejudice, or by pleading policy or personal interest.

For years, the medical fraternity has had almost complete control of all matters pertaining to the practice of the healing art. Had their concern always been for the public weal, the people should not object to this condition of affairs. Had they not undertaken to block advance in their art, they might have remained masters of the situation. Had they followed any fixed principle based upon eternal truth and undisputed facts, they would have enforced the respect of the scientific world, and maintained their influence with the people. As it is, all is chaos. Dr. Alexander Wilder said in the Arena for December, 1901:

"Medical legislation as a general fact is but meddling and muddling whenever it interferes. It cannot be intelligent, and therefore cannot be just. For medical men seldom agree, and none of them are experts in matters of legislation; hence, it is not possible to obtain the requisite knowledge to legislate to

any right purpose. The legislators who vote for such enactments are little else than dupes of those who seek them; and unfortunately medical men have a great pecuniary interest in disseminating exaggerated notions about infection and other matters. If there was no pecuniary interest involved, I do not believe that such legislation would be sought; and, indeed, medical men in the first class in their profession are seldom found seeking to obtain it."

Each system of treating diseases of the human body ought to be able to stand upon its own merits. Place them side by side and let results tell. Osteopathy does not fear competition. Its foundation is secure; its results are positive. It wants no favors. Hence it has never called upon any one to help overthrow rival systems. There has been one of two purposes in view in every contest it has waged; namely, defence against assaults by rival systems, or a demand that those professing to practice osteopathy should show reasonable qualifications. The moment any class of men asks protection at the expense of rivals, they acknowledge their own weakness. The moment they use their influence to stay progress they become an incubus upon society. The moment they threaten the people or their representatives with vengeance if they do not accede to their demands they become the foes of liberty. The moment they throttle domestic, religious, or political independence in a country like ours they become traitors. Society puts the stamp of disapproval upon all such.—Extracts from Dr. E. R. Booth's "History of Osteopathy," now in course of preparation.

JUST SICK.

HERMAN F. GOETZ, D. O., ST. LOUIS, MO.

There are many cases that come to the physician for advice who are sick, not only in one place but really to use their own phrase, "Just sick all over." Men, women and children present this condition. Men and women who have overworked either mentally or physically; women who have borne children; invalids who have made a bad recovery from some disease; children physically weak (malnutrition) are the ones we see most often.



We can illustrate why anatomical variations are the causes of all the symptoms these patients complain of by two simple diagrams A. and B.

"A" The healthy, erect and well proportioned figure. The spine has normal curves and the abdominal viscera are prevented from pressing on the womb, rectum and bladder by abdominal muscles in a healthy state of contraction.

"B" The relaxed, drooping figure, with lungs, stomach and bowels dragged down; with womb, bladder, rectum prolapsed, with abdominal muscles flabby and relaxed, with blood vessels and nerves of pelvis and legs compressed.

Here we have no specific lesion in the osteopathic sense, but rather a general one.

The relation of the spinal vertebræ one to another is changed.

The curves of the spine are not normal.

The ligaments and muscles of the spine are in a state of relaxation.

The abdominal muscles are relaxed allowing the viscera to become displaced.

These variations in the normal anatomy of the spine, we can easily see cause nerves, in fact the entire nervous system, to become irritated, and further interfere with the normal circulation of the blood and of all the body fluids.

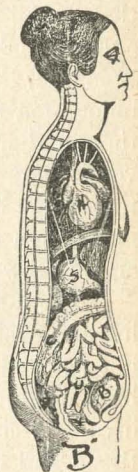
Briefly then: This is the spine of invalidism of the "Just sick all over," of the "don't know what really is the matter with me."

Here is the harvest of the medical practitioner, as giving the widest range for medical interference, from the general practitioner to the specialists, one after another, and lastly the surgeon.

Look at this figure "B", again. What do you think is needed? Medicine? Will medicine strengthen that spine?

No, we don't want medicine, but we do want intelligent mechanical intervention—want osteopathy in these cases.

Through osteopathic intervention this spine "B" can and must be straightened, its normal curves can be restored, relaxed ligaments and muscles "toned up" to the point where they hold the spinal column as it should be held. Prolapsed, dragged down organs are put back in their proper places, after this is done the secondary effects appear, namely: sluggish blood streams are aroused to activity and begin delivering to starved tissues rich red blood as a result of more perfect assimilation of the food you eat. So by aid of osteopathy pressures and obstructions are removed, retained poisons are excreted, nerves stimulated and thus we reclaim "Health," virile robust renewed health, from this vague conglomeration of symptoms of the "Just sick."



TYPHLITIS.

SANFORD T. LYNE, D. O., KANSAS CITY, MO.

Inflammation of the cecum is a much more frequent bowel trouble than generally known. And, while it is not particularly difficult to diagnose, the fact remains that it is not often distinguished from other varieties of intestinal affection. The most common error, perhaps, is made in confounding it with appendicitis.

It should be remembered that the cecum is the head or beginning of the large bowel—a sacculated periphery just below the ileo-cecal valve or junction of the small and large intestines. It is situated in the right iliac fossa, near the abdominal surface; and the vermiform appendix is attached, usually to its inner and posterior aspect.

From the cecum the large bowel is continued upward to the under surface

of the liver where it forms an angle and extends transversely across the abdomen to the left side, thence downward and inward to the rectum.

There is no mesocecum or direct ligamentous attachment to the cecum. Hence, it is more or less movable, and quite prone to prolapsus if there is a weakened or relaxed condition of the mesenteric support of the ascending and transverse colon.

Within the last year the writer has treated ten or twelve well marked cases of typhlitis with invariable success; and with the exception of two or three cases in which no lesion was discoverable, the structural abnormality was always in the region of the tenth and eleventh dorsal vertebræ.

In typhlitis there is pain and tenderness in the right iliac fossa and along the ascending colon, often quite severe just under the liver. The pain is colicky, and especially the right side of the abdomen is distended with gas. The tongue is coated, there is indigestion, loss of appetite, nausea and may be vomiting of bilious matter. The cecum is usually prolapsed, and constipation is the rule, though there may be small liquid stools. If the cecum becomes impacted, the vomit may have the odor of feces, and a superficial doughy, sausage-shaped tumor can be felt in the right side internal to the ilium on a somewhat lower plane than normal. The tumor is slightly movable and its axis points inward and downward. There may be gurgling.

The inflammation in typhlitis is first catarrhal, that is, congestion, swelling and edema of the mucous membrane of the cecum and ascending colon. If not relieved it may become ulcerative or gangrenous. Peritonitis may develop by contiguity of tissue or by rupture of the bowel. The appendix may become involved, since the inflammation may extend to that organ by continuity of tissue and blood-supply.

We are of the opinion that instances are very rare in which the appendix becomes inflamed unless the cecum is first involved. Primary or idiopathic appendicitis is more than likely due, almost solely, to a bending or twisting of the appendix, shutting off its blood-supply.

That so many operations for appendicitis terminate fatally is very probably due to the fact that in the vast majority of cases appendicitis is secondary to typhlitis—the real seat of the affection being the cecum. Since the cecum cannot be removed, the condition is not only made no better by extirpating the appendix, but actually made worse by the irritation incident to surgical interference.

If the appendix alone is inflamed, the pain is more localized, that is, it does not extend upward along the ascending colon. The pain is not colicky, constipation and indigestion are not the rule, and the superficial sausage-shaped tumor is absent.

Dysentery in comparison with typhlitis: The constant diarrhea, with more or less bloody stools, the burning pain in the rectum, and the frequent desire to expel something from the lower bowel, so characteristic of dysentery, are absent in typhlitis.

While bacteria and other poisonous or irritating substances may have some part in the production of inflammatory conditions of the intestinal tract characterized by diarrhea, they can hardly be a factor in conditions where constipation is the rule.

Although the character of the inflammation in typhlitis and catarrhal dysentery are similar, the difference in location and extent is an interesting question from an osteopathic standpoint. In typhlitis the inflammation involves the cecum and ascending colon, sometimes extends to a part or all of the transverse colon. In dysentery the descending colon and rectum are especially affected, and the inflammation rarely extends beyond the transverse colon toward the cecum.

That the first and second halves of the large bowel are supplied by two separate arteries is not, within itself, of particular significance, since both arteries are direct branches from the aorta. An important point, however, lies in the fact that one arises from the aorta at a higher plane than does the other, and consequently has, in part at least, a different vaso-motor nerve supply. The same is true of the nerve supply to the muscular walls of the two halves of the large intestine. Hence, a lesion according to its location, may involve one-half of the large intestine and not the other.

The vaso-motor nerves for the superior mesenteric artery, which supplies the right half of the large intestine, originate above the twelfth dorsal vertebra, while those for the inferior mesenteric artery, which supplies the left half, originate largely from the lumbar region.

While the superior mesenteric artery receives vaso-motor fibers by way of the great splanchnic nerves (sixth to tenth dorsal), the lesser splanchnic nerves (tenth and eleventh dorsal) seem to furnish the principal vaso-motor influence for the cecum and right half of the colon. Likewise, the principal inhibitory impulses to this part of the bowel are transmitted through the lesser splanchnic nerves by way of celiac and superior mesenteric plexuses of nerves.

A lesion in the region of the tenth and eleventh dorsal vertebræ, affecting the lesser splanchnic nerves, would not only impair the blood-supply to the cecum and ascending colon, giving rise to congestion, but an irritation at this point would increase the inhibitory impulses, causing inactivity and relaxation of the bowel, inducing constipation and prolapsus of the cecum.

Case Illustrations.

Mr. M., age thirty-three. Had been under medical treatment for one week for supposed appendicitis or gall stones. Physician was not sure of diagnosis, and had advised patient to go to the hospital. Had not been confined to bed. Constipation had been relieved by purgatives, but otherwise no better when he came to try osteopathy. Had some fever, indigestion, nausea and no appetite. Considerable gas in the cecum and ascending colon. Colicky pains radiating from the cecum to the under surface of the liver. No evidence of tumor, but very tender. Lesion: Break between tenth and eleventh dorsal vertebræ—the eleventh to the right. Treatment consisted in correcting the

lesion, and raising the cecum with patient in genu-pectoral position. Kept patient in bed two days on liquid diet and plenty of water. Treated three times the first day, twice a day the next three days, then once a day. Improvement noted after the first day. Discharged cured in twelve days.

Mr. K., age forty. Traveling man. Had been told by a physician consulted while on his trip that he had indications of typhoid fever. Patient had fever, headache, coated tongue, nausea, no appetite, constipation and colicky pains. Bowels tympanitic on the right side and very tender. Had the characteristic cecal tumor. Lesion: Tenth, eleventh and twelfth dorsal vertebrae decidedly posterior and muscular attachments very tense.

Treatment: Gave large enema of warm, soapy water containing about three ounces of olive oil. Had the patient retain a part of the injection and worked along the colon over to the cecum. This dissolved the impaction. Raised the cecum and then treated the lesion. Kept patient in bed, plenty of water and no food till evening. Found patient with no fever and but little pain. Gave light treatment along spine, especially the lesion. Treated once per day for the next three days and discharged patient cured.

Miss N., age twenty. Operation for appendicitis had been advised one week previous to calling in an osteopath. Had used purgatives which had relieved constipation, but very severe colicky pain in the right iliac fossa and at the hepatic flexure continued. The right half of the colon was quite tympanitic and tender to pressure. Tongue coated, indigestion, nausea and some vomiting, fever 102 degrees.

Lesion: Impact spine from ninth to twelfth dorsal—vertebrae seemed almost ankylosed.

Treatment: Applied principally to the lesion, but all along spine lightly.

Raised the cecum and worked lightly over the colon. Ordered enemas of warm water and olive oil once per day for one week. Liquid diet. Treated twice per day for one week, then three times per week for two weeks. Improved after third day. All symptoms gradually disappeared, and patient was able to be up and about after the second week. This was the third attack within four months. Now one year since treated and there has been no further trouble.

The February Class, 1902, Claims Record.

■ The February Class, 1902, of the A. S. O., had thirty-seven members present at the eighth annual convention of osteopaths at St. Louis. Can any other class show a representation of thirty-seven per cent. at the convention?

The following were present:

P. L. Bathrick, Mrs. Rose Bathrick, Roy H. Beeman, Mrs. Pearle J. Bergland, Victor A. Bergland, Alfred Brimblecombe, Maude Conkel, Hattie M. Conner, Florence A. Covey, Minnie M. Dyer, Perle E. Fields,

Hugh Hickman, Emma Hoy, Wendell Hyde, C. N. Maxey, F. J. McGuire, James A. McKee, Nita H. McNiel, F. J. Marshall, Albert Mattison, F. E., Moore, Mrs. Hezzie C. Moore (Purdum), Mrs. Theodosia E. Purdom, (Miss L. I. Robinson) Henshaw, C. E. Ross, Nellie Runyon, Edgar W. Sackett, Joe C. Stone, C. W. Tanner, Miss E. M. Thompson, J. O. Trueblood, Mrs. Jennie Trueblood, Wm. Van de Sand, Alfred W. Young, D. W. Davis, A. I. Bryan and John Leslie.

F. J. MCGUIRE, D. O.,
Secretary.

EDITOR JOURNAL OF OSTEOPATHY,
Kirksville, Mo.

DEAR SIR:

Here is something that may interest you and the rest of the osteopathic family. On page 648 of June Alkaloidal Clinic, a subscriber asks if osteopathy is good for the doctor (to know), and requests that something on the subject be published in the Clinic. The editor says it is a good suggestion, and continues:

"The osteopath, provided he be a cultured man, must of necessity acquire a fairly thorough knowledge of the human frame. Some of the methods used must be beneficial. The true doctor should utilize any and all means to cure his patient. That is where the osteopathic school is weak, as a 'school.' Practically, osteopathy at its best means scientific massage and mechanical or natural stimulation or sedation of the muscles and joints. To affect a bone, (unless it be a broken one) by any handling is impossible, but we all know that much may be done for the softer tissues by proper friction, massage and exercise. Osteopathy, if practiced by the right man, will do a certain amount of good; but that good must of necessity be within well understood and definite limits. To cure any and all diseases without medicines is as possible as it would be to keep a lamp burning without oil. You might massage the wick, bend the burner or manipulate the globe forever, but till you provided oil you could not reasonably expect light. So with a diseased human being. If he has a broken or displaced bone, the osteopath, (provided always that he has been properly educated and knows his anatomy,) would be able to repair the damage. Medicine would not do it. But when he tries to cure amenorrhea, or pneumonia, or rheumatism with his hands alone, he is going to fail—he hasn't the 'oil.' 'Medicine' should mean the use of drugs, massage, surgery, hygiene, dietetics and any and everything that will heal the sick or keep the well whole. That the osteopath knows things that would be of use to the everyday doctor is unquestionable. The Clinic will be pleased if some of the school will instruct the family. The good osteopath should, if he studied medicine properly be a pretty good doctor.—Editor."

On the 8th of June I sent in the following:

"Your article on page 648 of June Clinic interests and the definition of osteopathy especially amuses me. Prof. Ladd of Yale says that a proper definition of a science is one of the latest and most difficult achievements of that science; so, it is no wonder that you should 'fall down' on a definition of osteopathy. But, in response to the request at the end of your article, that some osteopath reply to the query which is your text, I will try to state a few fundamental principles which I hope will help to give your readers an insight into what osteopathy really is."

"Osteopathy is based on the proposition that function is normal to structure; and the way to correct or control function is through control or correction of structure."

"Your lamp and oil is not a good or true figure. My typewriter is a better. If one of the springs, pawls, typebars or other parts gets bent or slightly displaced, more 'oil' is not what is required. That will not make it function properly so long as there is anything wrong with the structure. The proper thing to do is to hunt up what is wrong, and when found 'fix' it. Of course, if it is only dry, why, oil is the proper treatment; but, with the human body, we have a self-regulating and partly self-adjusting machine, and a machine which manufactures its own 'oil' from proper food."

"Don't forget that function is normal to structure; and to regulate function, correct any existing irregularities of structure. For instance, if the liver is sluggish, hunt for the cause of the sluggishness, and when found remove it—if the vaso-motors are at fault, causing too much or too little blood to flow to the liver, or the secretory or trophic nerves are interfered with, locate the interference and remove it if possible. This constitutes the treatment. Why try to regulate or influence function except by work upon structure?—for function is always normal to structure, the organ or organism doing the best it can under the circumstances of abnormal structure. And herein lies the essential difference between the osteopath and the M. D. The M. D. recognizes a condition and treats it, e. g., a sluggish liver, anemia, constipation, etc., the osteopath tries to locate

the cause in some disorder of structure and directs treatment toward removal of that cause, counting upon Nature to resume her normal way (which is health) as soon as the interference is removed, and changed conditions—tissues changes and germ activities—can be reduced to normal conditions by the natural forces within the body.'

"The health, or normal activity, of any organ depends upon a normal blood supply and uninterrupted nerve control. Of course, any organ can be abused, and abnormal conditions be brought about in that way; but a stimulant or a sedative will have no PERMANENT effect so long as the abuse is kept up, or, until the normal nerve and blood supply is restored. Then it is not needed.'

"Another osteopathic maxim is that pure blood is the best germicide. Pathogenic germs cannot live and multiply in pure blood. Only in a slowed blood current or devitalized tissue of another sort do the germs find a culture medium, a nidus, a point of lowered vital resistance at which they enter and begin their scavenger work.'

"Another: 'Health is natural; disease and death before old age, unnatural.'

"Yes, even in cases of 'amenorrhea, pneumonia or rheumatism' and 'WITH THE HANDS ALONE,' we do not always fail; for if we can correct structural maladjustments, limber up a stiffened spine or relax contracted muscles which are interfering with natural processes within the body,—give Nature a chance,—she will do her best to 'return to normal,' which is health. Remove the interference and Nature will furnish the oil."

In reply, I received a very good letter thanking me for "the very full explanation of osteopathy" etc., but regretting that from lack of space he could not publish my letter.

C. A. CAMPBELL, D.O.,
Beaumont, Texas.

* * *

A Time for all Things.

We should eat when we are hungry, drink when we are thirsty, sleep when we are tired, sit close to the fire when we are cold, and wear spectacles when we are old; we should use such adjuncts as vibrators, electricity, hot bags and ice packs when we are ill, if there is no osteopath present who understands the

the form and functioning of every part of the human body.

The true osteopath does not need such assistance; and the would-be osteopath who adopts such devices should be very careful to avoid talking to a well informed anatomist, one who understands the normal physiological action of the human body, of the "wonderful power of his vibrator." I say he should speak very guardedly of the action of his machine on the human body to the anatomist who is thoroughly acquainted with all parts of the human body and their functioning as he is very apt to make mental notes of the speaker's wisdom or ignorance of his subject.

When the vibrator man tells of the wonderful exploits of his machine, then the anatomist may ask him to prove his statements by demonstration. Let him prove that the architect who formed the plan and wrote the specifications of life, failed to place in the body the necessary machinery with ample force to execute all its functions; to keep every muscle, nerve, vein, artery, bone and viscus in perfect order, and capable of all the action that the wisdom of Diety Himself considered necessary to the preparation, distribution and appropriation of all its fluids.

I will say to the users of vibrators that when you have proven by your vibrating machine the ignorance of God as an architect and builder, then I will cheerfully admit that you have discovered an improvement that is worthy the respect of God and man, and should be adopted by both. You will have succeeded in proving what has never before been proven—God's ignorance and incompetency when he planned and constructed man, the temple of life. It is not for me to say that God has fallen short in constructing your mental vibrator, but will leave you acts to vindicate or condemn your mental superiority in the court of public opinion.

Just one word to the graduates of my school: when a patient first comes into your office, use nothing but the skill of the hand and head of the successful osteopath. The patient does not come to your office to be shaken up by vibrators, shocked by electric batteries or treated by anything but the hand guided by the tenets of osteopathy.

Remember that the intelligent people of

the world have long since lost confidence in the ability of adjuncts to assist nature in constructing and repairing from its own laboratories of power and motion. I will say further that I am constantly receiving letters inquiring who are my best operators. I never will knowingly recommend an "adjunct," because his adjuncts are the strongest evidence of his incompetency as an osteopath. He is a "fallen angel" and I cannot recommend him.

A. T. STILL.

* * *

Osteopathy vs. Machinery.

During the past fifteen years I have traveled promiscuously all over the South.

On a recent trip, I chanced to fall in with a congenial companion, who was not only a scholar and philosopher, but a very acute observer.

In course of our journey I spoke of the science of osteopathy, and mentioned that I had been permanently cured of chronic rheumatism from which I had suffered for twelve years.

My companion soon became interested and remarked that he had a young wife confined in the asylum, and as soon as he returned from his trip, would consult a skilled osteopath, as it had occurred to him, after our conversation, that he could probably effect a cure.

A few days afterwards, I met my companion again and here is his report:

"I called on one of your celebrated bone doctors in one of the leading cities, and on appearing, I was shown his wonderful "electrical appliance" and told how it assisted the D. O. in stimulating the nerves, and was a great help in adjusting the body to its normal condition. I looked wise and said little, but soon made my escape into the fresh air, where I could take in a little more oxygen that my brain might become active enough to comprehend the wonderful powers of this man made machine, which had been so educated in a few minutes to do that which it had taken MAN thirty years or more to accomplish.

"Now, my friend, your science of osteopathy may be all right, but my conception of an osteopath is not only a thorough anatomist, but one who is so conversant with the

human structure, that by the sense of touch, he may at once detect the normal from the abnormal, and by adjusting the abnormal, nature is able to functionate properly.

"Now, if I wanted to consult an electrician, I certainly would not go to a student of Gray, who had spent several years pounding over bones, nerves and blood vessels, for information on electricity. And if your osteopaths resort to machinery for cures then they should change the name of their signs"

Moral:

All osteopaths, who expect to win the confidence of an intelligent public, beware of machinery.

JAS. KIDWELL.

* * *

Minnesota State Meeting.

The sixth meeting annual of the Minnesota State Osteopathic association will be held in St. Paul on the morning, afternoon and evening of Friday, September 2nd. The program consists of a business meeting, including election of officers; papers by Dr. Harry W. Forbes of Des Moines; Dr. J. Martin Littlejohn, of Chicago; Dr. Ella D. Still, of Des Moines; Dr. E. C. Pickler, of Minneapolis; Dr. J. B. Bemis, of St. Paul, followed in the evening by a reception with music and refreshments.

The educational features of the meeting will be especially good this year and the program committee are confident of a large attendance.

Dr. Ella D. Still comes to the Twin Cities to give a special course of three weeks in gynecology to a class made up of Minnesota osteopaths.

C. A. UPTON, D. O.,
Secretary.

A Note of Warning.

"Mechanical Vibratory Stimulation" for August, contains a large part of the article which appeared in a recent osteopathic publication under the caption "M.D.'s" use Vibrators to Compete with D. O's and taken as it is from such a source is a strong incentive for M. D's to buy vibrators to compete with osteopaths.

Osteopaths are foolish if they think manufacturers of vibrators are building machines for a possible market among 3000 osteopaths. They have a larger field in view,

namely, the great army of M. D.'s and after them individual families, they are even now after this latter trade.

If the osteopath takes up the vibrator the public will soon think it to be the principal part of his equipment and the M. D. who buys one will soon have the poor D. O. at a disadvantage but if the osteopath hews close to the line, following in the steps of the venerable founder of osteopathy, removes lesions by manipulation and refuses the so-called aid of adjuncts he will have nothing to fear in the future.

Every osteopath who uses a vibrator is simply another lever for the vibrator manufacturer to use on the M. D. and is another man in the osteopathic camp who is being used as a tool for cutting off the head of osteopathy.

Straight osteopathy can enter any field where so-called osteopaths use vibrators, electricity, etc., and by properly educating the public as to the nature of true osteopathy, aided by good results, secure a good practice. I have demonstrated this fact in Elgin, finding it necessary to take a partner to accommodate those wanting pure osteopathy. Since this is true why should any osteopath, even for a supposed temporary benefit, yield himself to disintegrating influences by adding adjuncts?

To my mind now is the time for every true osteopath, if from no higher motive than self-protection, to begin the education of the people along the line of straight, pure osteopathy and this will not include advertisements for pounding machines.

CHAS. H. MURRAY, A. B., D. O.
Elgin, Ills.

* * *

Otitis Media.

RALPH RUSSELL, D. O., LAWTON, OKLA.

Among the bugbears of the fourth term course in surgery, middle ear disease occupied a prominent place. What steps should be taken to prevent its developing into mastoid abscess? Does a superficial inflammation (high temperature, redness and pain on pressure) behind the ear and over the mastoid process indicate that suppuration is already occurring in the mastoid cells? The foregoing are among the queries presenting themselves to me on examining a

sixteen year old boy who had been losing sleep for several nights with an "ear-ache." The tissues of the neck seemed contracted and tender but there were no superficial signs of suppuration, and but very little swelling. The breath was foul on first examination but the digestive tract seemed nearly normal; hearing markedly impaired on the left side.

Treatment consisted in a thorough stretching, loosening, and softening of the neck muscles on both sides, accompanied by systemic treatment to invigorate the vital processes. The spine received a general loosening and especial effort was made at overcoming a left lateral second thoracic vertebra and right lateral sixth and seventh thoracics. Those lesions being of long standing were not nearly corrected in one or two treatments. The first treatment was given Wednesday forenoon.

Having heard favorable reports in the meantime I was not permitted to examine and treat him again until the following Monday evening. He reported that the treatment had invigorated him at once, that the next night's rest was sound and refreshing, and the pain was about gone by morning. Also that he noticed a decided improvement in the hearing of that ear about twenty-four hours after the treatment, and that the hearing on that side has since become entirely normal. The only remaining reminder of his condition is a swollen lymphatic gland in the upper part of the neck. There was but little external discharge of pus and only after the pain had entirely ceased.

I firmly believe that had he sought medical treatment instead of osteopathy he would have had a suppurating ear, and perhaps impaired hearing for life.

* * *

Fifth Annual Meeting of the Nebraska Osteopathic Association to be Held in Fremont, September 17, 1904.

PROGRAMME.

9:00 a. m.—Invocation, Rev. F. H. Sanderson.

Address of Welcome, Mayor Geo. F. Wolz.
Response, Pres. J. M. Kilgore.
Business Session.

1:30 p. m.—Clinic Lectures, Dr. H. W. Forbes, of S. C. O., Dr. C. E. Still, of A. S. O.

2:30—Papers, "Uterine Displacements," Dr. Jennie Laird, Omaha. "How Best to Educate the Public Regarding our Science." Dr. N. J. Hoagland, Norfolk. "Osteopathy in Obstetrics," Dr. Nellie Runyon, Seward. "The Relation of Cause and Effect in Disease From the Standpoint of an Osteopath," Dr. Wm. F. Wurth, Fairbury. "Osteopathy in Nerve Troubles," Dr. C. W. Farwell, Omaha.

Discussion will follow each paper.

6:00 p. m.—BANQUET.

Toastmaster, Dr. J. M. Kilgore.

Toasts:

"Our National Association," Dr. F. E. Gamble, Bloomfield.

"Our State Association," Dr. J. M. Moss, Ashland.

"Professional Ethics," Dr. Emma Hoye, University Place.

"Woman as an Osteopath," Dr. Ella Doughty, Neligh.

"Andrew Taylor Still," Dr. W. H. Cobble, Fremont.

ASSOCIATION OFFICERS:

Dr. J. Mark Kilgore, York, President.

Dr. N. J. Hoagland, Norfolk, Vice-President.

Dr. Grace Deegan, Omaha, Secretary.

Dr. Emma Hoye, University Place, Treasurer.

* *

If the newspapers may be believed there is to be some interesting developments relative to patent medicine advertisements in the near future. According to the new York Tribune the post office department is to begin the attack on the patent medicine industry by issuance of a sweeping fraud order designed to stop the circulation of advertisements of various patent medicines which having been investigated by government experts, are found to be not only devoid of curative properties, but definitely harmful.

While we are heartily in sympathy with any movement which tends to lessen the pernicious habit of drug taking we are convinced that the department is becoming involved in a work the magnitude of which is not recognized by those responsible for the movement. If, as the newspaper article indicates the criterion for judgment as to the fraudulent nature of the advertise-

ment is to be the curative properties of the ingredients of the remedy in the particular diseases enumerated, an immense burden of proof is to be shouldered, though in a negative way. By what means is it to be proven that one drug is curative in a certain disease, which another is not? Chemical analysis throws little light on this question, and experience and observation by physicians and laymen of the present as well as that indicated by the history of the centuries past, show that in no real sense is any drug curative. The specific of yesterday is the discarded relic of today. If Lydia Pinkham's Vegetable Compound contains 20.61 per cent. of alcohol and hence is not a cure, thus being fraudulent, it will be extremely difficult to prove to the average man that alcohol prescribed in the regular way by the regular physician—which is being done daily—is curative. It is further to be noticed that the regular physicians are largely responsible for the use of the various drugs in the first place, and the attempt to evade responsibility by preventing the wholesale use as represented in the patent medicine industry will hardly rebound to their credit unless a frank admission of the essential harmfulness of all drugs in any appreciable amounts is made—an avowal hardly likely to be made public in the near future, though altogether likely is made in the privacy of the inner convictions.

It seems to us that the medical experts (?) back of the movement should make their fight merely on the ground that in the hands of the regular physician the amount of these drugs given can be more carefully limited and hence the harm done may be reduced to a minimum; not to attempt to establish the proposition that what the patent medicine contains is without curative value while the prescription of the regular physician does possess that property; for proof of the latter is absolutely lacking.

We trust that the investigation will be further made and that the fraud order will be issued, for in the discussion it is inevitable that profession and laity will be made to more completely realize the farcical nature of drug therapeutics.

G. D. H.

Professor of Surgery Converted.

BY RALPH KENDRICK SMITH, D. O.,
BOSTON.

"In the future there will be no allopaths and homeopaths and eclectics," said the professor of surgery in a medical school to me the other day. "The healing art will be divided into three departments, medical, surgical and osteopathic. We will all recognize all these departments equally and send patients to each other as indicated. You can do things that neither medicine nor surgery can do, and we know it."

I had cured him and his mother of chronic troubles which medicine had failed to reach.

* * *

Some time ago it was noted very briefly in these columns, that the "osteotherapists" of New York had presented a bill to the legislature of that state, for the purpose of regulating the practice of "osteotherapy." This was our first intimation of the existence of such a system, and we expressed our ignorance as to its origin, location, nature and its general significance. We have been enlightened. The information is from headquarters. It is straight from the shoulder with circulars announcing a course of study, constitution of the society and card with photograph of the founder, who is also "President and Medical Director of Vetus Academia Physio-Medica, (Inc.), Founder, President and Director in Chief of the Platen Institute, (Inc.), Lecturer on Psychology and Physiology in the Old Physio Medical College, Founder of Osteotherapy, Demonstrator and Lecturer on Osteotherapy at Platen Institute, Founder and President of New York Society of Osteotherapy, Founder and Editor-in-Chief of the 20th Century Journal on Osteotherapy, Vice-President of the American Association of Physicians and Surgeons!!! With these was included the following letter:

NEW YORK, May 30, 1904.

TO THE EDITOR OF JOURNAL OF OSTEOPATHY:
KIRKSVILLE, MO.

DEAR DOCTOR:—Seeing in a late issue of your paper that you have failed to locate the origin of the late osteotherapeutic bill, introduced at the last legislative session and of which we have all ASSURANCE to become a law in the next session, we re-

gret to note your very limited knowledge of the doings in this state of healers of manual art, whether that ignorance is due to prejudice, biasness or any other source.

Trusting that the enclosed announcement will have a tendency to enlighten you, we are,
Most fraternally,

THE NEW YORK OSTEOTHERAPEUTIC
PHYSICIAN.

S. ROCH, D. O., Secy.

Any further information probably can be had by addressing the secretary of the society, 56th West 65th St., or to make certain it might be advisable to address Dr. C. Conrad, the president, not forgetting to add the titles as given above—if that does not reach him, we don't know what will.

G. D. H.

* * *

Resolutions of Sympathy.

At the class meeting of the June Class, 1900, A. S. O. headquarters Inside Inn, July 14th, a committee was appointed to send a telegram of condolence to Dr. R. G. Lewis, also the following expression to be published in the Journal of Osteopathy.

"Having heard of the bereavement of Dr. R. G. Lewis in the death of his daughter, Miss Myra Lewis, July 12, 1904, we his classmates of the June class, 1900, American School of Osteopathy, assembled in reunion at World's Fair, hereby express our heartfelt sympathy. We also deplore the loss by death since graduation of our classmates, Mrs. M. T. Abernathy, Bertha Briscoe, Clyde W. Griffin, Chas. C. Hathorn, Chas. Z. Miller, and Nat H. Shackelford."

Committee. { E. R. BOOTH,
MYRTLE D. HARLAN,
L. J. FRYETTE,

* * *

The Chicago Clinic, "an ethical" journal, prints an advertisement which says:

Houston's Abortion Curette

is worth its weight in gold in those early cases of gestation (6 to 10 weeks) that give every physician so much trouble. We sell it on a positive guarantee. Money refunded if satisfaction is not given. A few of the advantages of this new instrument are: (1) No dilatation even in cases of intense rigid cervix. (2) No anesthetic. (3) Ab-

solute certainty of removing the entire contents. Price, \$2.00."

The fact that the Houtons make such things and advertise them broadcast is proof that there is a demand for them; the fact that the Clinic accepts such advertisements is proof that the owners encourage the use of them; the two facts together show that many of the "honorable" "protected" profession are engaged in criminal practices; the wording of the advertisement shows the manufactures are aware of the troubles of the doctors in assisting race suicide and seek to make murder easier;—for it is simple murder; life is there and would mature if left alone. The firm referred to makes and advertises other articles of a similar nature against the advertising or sale of which there is a stringent law.—Chicago Ophthalmologist.

* * *

* * *

CLINICAL REPORTS.

REPORTED BY DRs. MURRAY AND COBB, ELGIN,
ILLINOIS.

Gall-Stones—

Mrs. W., age sixty-two. The day we first saw this patient she had made preparations to go to the hospital for an operation. The surgeon intended to remove the gall-bladder (according to Murphy's statistics the mortality rate for this operation is 17 percent.) The gall-bladder was so large that when the patient was on the right side she had to support it with her hand. The duct was stenosed and much inflamed. The case presented marked jaundice; there was much tenderness over the liver and pain under right scapula. The ninth and tenth dorsal vertebrae were lateral and tenth rib twisted.

Under treatment the stones passed as much as a tablespoonful in a day; swelling and tenderness disappeared, and at the end of one month patient felt better than for years and quit taking treatment against our protest as lesions had not been entirely corrected and a return of the trouble is likely to occur.

Headache—

Mr. M., age forty. Neuralgic type of headache almost constantly for over seven years. He had tried drugs, electricity, massage, having been under medical treatment for

months at a time. When he came for examination he had been taking a so-called killer which had cyanosed the lips, ears and extremities and reduced the heart beat below sixty.

The lesion was a lateral luxation of the atlas. There was extreme tenderness along the course of the fifth nerve. The lesion was partially corrected at the first treatment and there has been no headache for six weeks.

Menorrhagia—

Miss B., age twenty-eight. Weak and nervous with cold hands and feet and almost constant headache. Menstruation was continuous during entire month with the possible exception of from three to seven days. Examination revealed a marked swerve to right in lower dorsal and lumbar regions which were also posterior, there was a rotation backward of right innominate. These interfered with nerve and blood supply to uterus causing a relaxation and congestion. In upper dorsal region there was a swerve to left and anterior, also sub-luxations in cervical vertebrae between atlas and axis and at 5th. During second week's treatment patient had a hemorrhage from uterus which we were called to check; this weakened her perceptibly. At end of one month she was much improved. No headache, hands and feet warm and no flow since the hemorrhage. Continued treatment two months when she quit. Menses lasted only four days and were painless; nervousness and general health better than for four years.

Exophthalmic Giotre—

Miss G., age thirty. There was a pronounced arrhythmia of the heart, and the beat was 98. She had been under medical treatment for months and has lost considerable time from her work.

Lesions: Curvature in the cervical region; atlas and axis lateral; right first rib high; both clavicles depressed. In two months the neck was reduced from 14 7-8 to 13 1-8 inches; heart normal and not one day lost from work. Treatment is being continued.

Rheumatism—

Mrs. O. R., age seventy. Chronic rheumatism in lower limbs with some symptoms of locomotor ataxia. She could get about in her home with difficulty.

Lesions were found in lower dorsal and

lumbar regions (markedly anterior); whole spine very stiff.

A month's osteopathic treatment benefited limbs but little, but there was general improvement in health. Before the conclusion of the second month's treatment she found pleasure in walking several blocks at a time.

* * *

Victory for Liberal Doctors.

The American Medical Union, at its recent annual meeting, instructed its secretary to prosecute the attorney, W. A. Shaw of the Illinois State Board of Health, through the state's attorney, for illegal and fraudulent conduct.

The secretary laid this resolution before the state's attorney and asked him to bring the matter before the grand jury. Instead of proceeding against Shaw, that officer assumed the functions of a judicial inquisitor, and summoning Dr. Bland to appear before him, proceeded to adjudicate the case. In the meantime, Shaw sued the officers of the A. M. U. for slander, in the sum of \$25,000.

Dr. Bland appeared before the acting state's attorney, Barnes, at the appointed time, March 5, accompanied by the attorney of the A. M. U., Hon. H. L. Strohm, and called up charges, list of witnesses, etc., then on file in the state attorney's office.

State Attorney Barnes read these charges and asked Shaw to reply to them. Shaw plead guilty to the charge of threatening unlicensed doctors with prosecution, and of taking money from them without due process of law, and of prosecuting others who refused to pay without a suit, and of settling fines out of court at heavy discount, where the parties threatened to appeal the case. He admitted that he kept all moneys received through threats of suit, or on judgments, as part of his fees. He presented as his justification for this, his commission from the Illinois State

Board of Health, which gave him full power to act as he had done. The board agreed to pay him for his services \$1,200 a year, in addition to all he could get out of quacks, by law otherwise.

The state's attorney, who had been sitting as judge, now assumed the role of attorney for the defendant. Rising to his feet, he made a violent speech in favor of Shaw. Then, dropping again into his judicial chair, he acquitted him of all blame.

Dr. Bland made a mild protest against these proceedings, when Barnes sprang to his feet, and in a most aggressive manner and tone of voice, said: "I warn you not to go out of this office and say I refused to take up this case. If you do, I will have you before the grand jury." Dr. Bland replied that he did not expect to be put into the position of a defendant, nor to be threatened.

Our secretary at once wrote a report of this affair, which he gave to the public, through the Chicago papers, and to the members of the Union through an official letter. This exposure has resulted in practically putting Shaw out of business, and he had allowed his suit for slander against the officers of the Union to be dismissed at his cost.

The A. M. U. has scored a decisive victory in this case, over that despotic and corrupt organization, the Illinois State Board of Health. The Union is doing good and important work, and should receive the moral and financial support of every lover of justice, whether physician or layman.

Those who have not had a history of the work of the Union are advised to write to the the secretary, enclosing stamp for postage, for it in booklet form. Address, T. A. Bland, 231 Hoyne Ave., Chicago, Ill.

[The above is a circular letter, sent out by the American Medical Union.—Medical Talk.]

The Journal of Osteopathy

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EDITORIALS, PERSONALS, ETC.	

WITH the re-opening of school at the A. S. O. the clinic department is prepared, as in the past, to take care of a large number of patients free of charge. Practitioners in the field are requested to refer worthy persons, who are unable to pay for treatment, to our clinic.

* * *

The new September class at the A. S. O. starts out with an enrollment that promises to be the largest in several years. As we go to press, the second day following the opening the number of new students matriculated is about 110. It is expected that there will be from twenty-five to fifty that will yet matriculate this term.

* * *

The question of the length of time that should be given to the course of study in our osteopathic colleges has been pretty thoroughly discussed in the various osteopathic publications during the past year. It is a question however, that we not do expect to discuss editorially and one that we will not be heard further upon until that time comes when the policy of the A. S. O. in regard to the matter has been definitely determined. Sometime during the course of the present school year an announcement will be made through the editorial columns of this Journal setting forth the views of the management in

this connection and giving the course to be pursued. It is not to be understood by this that the matter is not to be discussed in our columns by those who desire to do so over their signatures, but that such contributions will not necessarily represent the views of the management or the policy to be pursued by them. This last statement also applies to other questions now under discussion and upon which these seems to be a decided difference of opinion among members of the profession.

* * *

Drs. J. W. Bennett and Fannie C. Bennett, who recently located for the practice of osteopathy at Augusta, Ga., are having some rather interesting though somewhat expensive experience in getting the question of their legal status as physicians settled in that city.

The Augusta Chronicle of July 30th contained the following in regard to the matter:

"Mayor R. E. Allen has a knotty license question under consideration. An osteopathic physician applied yesterday to City Collector and Treasurer North for a license.

"The tax ordinance prescribes for every person claiming to give special treatment for the cure of physical ailments, not licensed as a physician by the state, a license, per week, of twenty-five dollars.

"It is questioned whether the osteopathic class of physicians were contemplated under this provision. It is true these physicians have no legal standing in Georgia, though efforts to establish them in the state were made in the legislature. The attempted legislation failed. Other states, however, have recognized the profession.

"The mayor has decided to take up the case under section 6 of the tax act, whether residents or non-residents, and which provides:

'Be it further ordained, That when for good and sufficient reasons it may seem proper to require a license from any person or persons following any business, occupation or profession, not specially mentioned in this ordinance, the mayor may, in his discretion, require such license as he may deem just and equitable.'

"It is inferred that his honor will confer with the president of the board of health prior to coming to a decision."

The same paper of August 3rd announced

the Mayor's decision as follows and considers his decision a victory for the osteopaths:

"Mayor R. E. Allen has instructed City Collector and Treasurer P. S. North to license osteopathy physicians, during 1904 at the rate of \$25.00 for the remainder of the season.

"The city, therefore, has formally given this class of physicians legal standing in Augusta. Followers and practitioners of osteopathy sought, through the state legislature, legal status in Georgia a few years ago, but their mission was unsuccessful. It was brought out at the time of the discussion in the general assembly that a large number of states of the union recognized the profession, but the Georgians declined to fall in line. The granting of the license by official Augusta, therefore, will be regarded by the osteopaths as a triumph.

"Osteopathy is a physical adjustment of the system to itself—a scientific method of treating disease by manipulation. No drugs or medicine or surgical instruments are used. It believes health a natural state and that this condition will be maintained indefinitely or or as long as every cell has uninterrupted nerve and blood supply. Instead of treating a symptom when it arises, osteopaths treat the cause to remove it. Osteopathy begins with the assumption that the body is a living, self-acting, self-regulating and self-recuperating mechanism, which, so long as power be applied and properly distributed must perform its natural functions. It rights what is mechanically wrong and leaves nature free to act."

Although the Major's decision has been announced as a victory for osteopathy, Dr. J. W. Bennett in a recent communication to the editor, points out the injustice of the license charge as follows:

"The unfairness of the license charge is apparent when compared with that of the M. D.'s. They pay no city license and only \$10.00 yearly state license."

* * *

FOR SALE:—Fine growing practice in Ohio town of 25000 inhabitants. Only osteopath in county. Reason for selling given any one desiring to buy. Will remain with purchaser for one month. Address Herrick, Journal of Osteopathy.

Does Doctor Tasker Mean the Osteopathic Theory?

Dr. Dain L. Tasker writes to the editor from St. Louis as follows:

"After coming in contact with the osteopaths here at the summer school I am more than ever convinced that the Pacific College of Osteopathy is giving the best education of any of the colleges. It has a better spirit of scientific investigation, is really a liberal school of healing, interested first in the healing of disease instead of the substantiation of a theory."—Los Angeles Times.

* * *

Japanese Military Surgery.

It must be gratifying to us Americans who took so prominent a part in the introduction of western civilization into Japan that the Japanese have made such rapid and thorough progress, and in many of the arts and sciences have attained a position second to none of the civilized nations.

The present Russo-Japanese war has already demonstrated that the Japanese are not only equal to the enemy in the art of warfare, but surpass them in the completeness of their sanitary arrangements and the thorough organization of their hospital service. One cannot fail to be impressed with the fact that military surgery in Japan is fully up to the modern standard on reading an article by Dr. Wada, a surgeon in the Japanese fleet, who, in the DEUTSCHE MEDICINISCHE WOCHENSCHRIFT, July 7, 1904, gives an interesting description of the wounded Russians coming under his care after the battle of Chemulpo. Most of the wounds were inflicted by shells from the Japanese battleships, the injured having been previously picked up and treated in a French cruiser, and later transferred to the Japanese floating Red Cross hospital.

From Dr. Wada's account it would appear that their previous treatment was anything but humane, and he mentions particularly that the wounds had suppurated or had become gangrenous and diffused a repulsive odor, reminding one of pre-antiseptic times. In most cases the fragments of shell had been previously extracted, but in some an operation was necessary for their removal. Although the penetrating and non-penetrating wounds of the extremities were complicated

with fractures, in only one instance was a small fragment of shell imbedded in the bone.

It is interesting to briefly refer to the treatment as practiced in the Japanese hospital. The chief dressing used was dry sterilized gauze, while for gangrenous wounds gauze soaked in carbolic solution was employed, the dressings being changed several times daily. Irrigation with fluid antiseptic was necessary only in one case; and in the others it was replaced by cleansing with moist carbolic gauze. For fractures splints of pasteboard were ordinarily employed, and plaster dressings dispensed with as much as possible in order to afford better drainage for the wound secretions.

It is to the credit of Japanese surgery that most of the wounded recovered, although amputation was necessary in some cases in which there had been a great loss of substance and laceration of large blood vessels. Dr. Wada makes one suggestion which well exemplifies the cleanliness of the Japanese, and that is, that it would be a wise precaution if the crews of men-of-war would bathe and change their clothing before a battle, and if their apparel were previously sterilized with steam or other means. This, if practical, would certainly reduce the chances of infection of wounds.—INTERNATIONAL JOURNAL OF SURGERY.

* * *

Third Annual Meeting of the Kansas Osteopathic Association, Salina, Kansas, Sept. 9, 1904.

PROGRAMME.

10 O'CLOCK A. M.

Roll Call.

Reports of Committees.

Admission of New Members.

PAPER—Neurasthenia,

Dr. Gladdis Armour, Emporia.

DISCUSSION—led by

Dr. J. H. Bower, Salina.

PAPER—Osteopathic Adjuncts,

Dr. R. A. Bower, Burlingame.

DISCUSSION—led by

Dr. C. E. Hulett, Topeka.

1:30 O'CLOCK P. M.

PAPER—Osteopathic Gynecology,

Dr. Adele Doane, Parsons.

DISCUSSION—led by

Dr. J. O. Strother, Winfield.

PAPER—Osteopathy in Eye Troubles,

Dr. H. K. Benneson, Clay Center.

DISCUSSION—led by

Dr. W. L. Lyda, Great Bend.

ADDRESS—

Dr. C. E. Still, Kirksville, Mo.

Election of Officers.

Selection of Next Meeting Place.

Adjournment.

Officers of the Association: Dr. C. E. Hulett, President, Topeka; Dr. B. H. White, Vice President, Holton; Dr. H. K. Benneson, Secretary, Clay Center; Dr. J. H. Bower, Treasurer, Salina.

Trustees: Dr. R. A. Bower, Burlingame; Dr. E. L. Kalbfleish, Newton; Dr. J. K. McPike, Wichita.

* * *

The Post-Graduate School.

The summer course at St. Louis closed August, the 26th, after six weeks of good, hard work.

Those in attendance expressed themselves as well pleased with the work and felt that they had been greatly benefited on account of their attendance at the school. The teaching in all departments was made as practical as possible—the methods of handling diseased conditions from the osteopathic standpoint being given special prominence.

The school being held in the Missouri Homeopathic College Building, the students and instructors frequently came in contact with members of the medical profession in a social and professional way and the treatment accorded them on every occasion by the St. Louis doctors was most cordial, they frequently referring cases to our clinic as opportunity afforded.

This treatment on the part of our medical friends was especially pleasing as it was interpreted by us to be, in part at least, a recognition of osteopathy as a system of healing that merits the respect of the scientific world.

The attendance, both as to the members and character of students; was more than satisfactory. Seventy students, each one an earnest seeker for truth, make up a very interesting student body.

The following courses, as announced, were given:

Dissection, including daily demonstrations on the cadaver, Dr. F. P. Young.

Surgery—Dr. F. P. Young.
 Gynecology—Dr. M. E. Clark.
 Obstetrics—Dr. M. E. Clark.
 Principles and Practice of Osteopathy—
 Dr. G. D. Hulett.

Clinical Pathology—Dr. Chas. H. Hoffman.
 Osteopathic Clinics—Dr. Geo. M. Laughlin,
 Dr. D. L. Tasker, Dr. A. G. Hildreth.

Following is a list of those in attendance,
 together with their locations and names of
 schools from which they are graduates:

Dr. Clarke Francis Fletcher, New York
 City, A. S. O.

Dr. Ada May Nichols, Chillicothe, Ohio, O.C.O.
 Dr. Jas. E. DeSpain, Elizabethtown, Ky.,
 S. S. O.

Dr. Jose Corwin Howell, Vineland, N. J.,
 Ph. C. O.

Dr. Joseph M. Moss, Ashland, Neb., A. S. O.
 Dr. Margaret Brown Dunnington, Philadel-
 phia, Pa., Ph. C. O.

Dr. Oscar Evans Bradley, Pawnee, Okla.,
 A. S. O.

Dr. John T. Bass, Denver, Colo., B. I. O.
 Dr. E. Burton, Waters, Wichita, Kas., A. S. O.
 Dr. Lewis Newell Turner, Savannah, Ga.,
 Ph. C. O.

Dr. Dain Loren Tasker, Los Angeles, Cal.,
 Pa. C. O.

Dr. William Wells Brock, Montpelier, Vt.,
 A. S. O.

Dr. Roger Enos Chase, Tacoma, Wash., N.I.O.
 Dr. Charles H. Gano, Hartford City, Ind.,
 A. S. O.

Dr. Caryll T. Smith, Portland, Ore., A. S. O.
 Dr. Minerva K. Chappell, Fresno, Cal., A.S.O.
 Dr. Thos. H. Woodson, Carmen, O. T., A.S.O.

Dr. Elizabeth Bundy Frame, Philadelphia,
 Pa., Ph. C. O.

Dr. Jeanette M. Trench, Bloomsburg, Pa.,
 At. S. O.

Dr. Minerva Baird, Montgomery, Ala., S.S.O.
 Dr. Irene Bissonette, Buffalo, New York,
 Northwestern.

Dr. Gertrude Lord Gates, Portland, Ore.,
 N. I. O.

Dr. Cylthie J. Ramsey, Albany, Ore., Pa.C.O.
 Dr. Samuel Arthur Hall, Circleville, Ohio,
 A. S. O.

Dr. Edward A. Carlson, Sedalia, Mo., A.S.O.
 Dr. Clarence W. Young, St. Paul, N. I. O.

Dr. W. H. Hickman, Perry, Mo., A. S. O.
 Dr. Lewis D. Martin, Barre, Vt., A. S. O.

Dr. Elizabeth Briggs McElwain, Jacksonville,
 Fla., S. S. O.

Dr. Lillie E. Wagoner, Creston, Ia., A. S. O.
 Dr. William C. Hall, Jr., Brazil, Ind., A. S. O.
 Dr. Lamar K. Tuttle, Yonkers, N. Y., A. S. O.

Dr. Frank A. Keyes, Los Angeles, Cal., Pa.C.O.
 Dr. Ida A. Keyes, Los Angeles, Cal., Pa. C. O.
 Dr. Martha Jane Wilson, Providence, R. I.,
 A. S. O.

Dr. Bertha A. Buddecke, St. Louis, Mo.,
 A. S. O.

Dr. C. R. Palmer, Chicago, Ill., A. S. O.
 Dr. John William Phelps, Jacksonville, Fla.,
 S. S. O.

Dr. Evelyn K. Underwood, New York City,
 A. S. O.

Dr. Harry Montis Vastine, Harrisburg, Pa.,
 A. S. O.

Dr. Gussie McElwain Phillips, Danville, Ky.,
 S. S. O.

Dr. Minnie Megrew Pugh, Everett, Wash.,
 A. S. O.

Dr. John M. Pugh, Everett, Wash., A. S. O.
 Dr. Oscar Calvin Mutschler, Lancaster, Pa.,
 Ph. C. O.

Dr. John J. Pleak, Hillsboro, Ill., A. S. O.
 Dr. Francis A. Turfler, Rensselaer, Ind., A.S.O.
 Dr. Nettie Olds Haight, Kirksville, Mo.,
 A. S. O.

Dr. Almeda J. Goodspeed, Chicago, Ill., A.S.O.
 Dr. J. Strothard White, Pasadena, Cal.,
 Pa. C. O.

Dr. Sophia E. Hemstreet, Nevada, Mo., A.S.O.
 Dr. Mary E. Harwood, Kansas City, Mo.,
 A. S. O.

Dr. Cora Newell Tasker, Los Angeles, Cal.,
 Pa. C. O.

Dr. Joseph W. Hastings, Chicago, Ill., A. C.
 of O. M. & S.

Dr. Louie B. Hughes, Waco, Texas, C. S. O.
 Dr. Elizabeth M. Ingraham, St. Louis, Mo.,
 A. S. O.

Dr. J. Spencer Gaylord, Binghamton, N. Y.,
 A. S. O.

Dr. Emma Mae Compton, Whitewright, Tex.,
 S. S. O.

Dr. Wilbur Blackman, Bluffton, Ind., S.C.O.
 Dr. Lillian Morton Proctor, Pulaski, Tenn.,
 S. S. O.

Dr. Marie L. H. Steere, Huron S. Dakota,
 N. I. O.

Kendall Lincoln Achorn, Boston, Mass, A.S.O.
 Clifford Franklin Cook, Springfield, Ill., A.S.O.

Thos. L. Davis, Columbia, S. C., A. S. O.
 Adelaide Hedegaarde, St. Louis, Mo., A. S. O.
 F. A. Piper, San Antonio, Texas, A. S. O.
 Julie K. Nielsen, Buffalo, N. Y., A. S. O.
 Oliver S. Leitch, St. Louis, Mo., A. S. O.

The last seven of the list are undergradu-
 ates who took a part of the work.

OFFICERS OF THE CLASS.

Dr. C. W. Young, President, Minnesota.
 Dr. L. D. Martin, Vice-President, Vermont.
 Dr. Elizabeth Frame, Treasurer, Pennsyl-
 vania.

Dr. Almeda J. Goodspeed, Secretary, Illi-
 nois.

* * *

Questions of the Wisconsin State Examina- tion Held at Madison, July 12, 13 and 14th.

SUPPLIED BY DR. FRANKLIN FISKE,
 PORTAGE, WIS.
 PATHOLOGY.

1. Name the chief disorders of nutrition
 and metabolism and describe any one of
 them.

2. Name the chief disturbances of the cir-
 culation of the blood and describe any one of
 them.

3. Name the chief retrogressive processes
 and describe any one of them.

4. Define inflammation, name special
 forms of, and describe any one of them.

5. Define hypertrophy (tumors), name
 chief varieties of, and describe any one of
 them.

6. Differentiate between malignant and
 benign tumors.

7. Name the chief diseases due to bac-
 teria and describe any one of them.

8. Name the chief diseases caused by an-
 imal parasites and describe any one of them.

9. Define Sappremia, Septicemia, and Pye-
 mia.

10. Describe gastro-intestinal autointoxi-
 cation and autoinfection and give causes and
 symptoms.

OBSTETRICS AND GYNECOLOGY.

1. Define the term Obstetrics.

2. Describe the "Vernis Caseosa."

3. What is meant by the terms, "Mecon-
 ium," "Dystocia."

4. Give symptoms and treatment for
 "Threatened Abortion."

5. Upon what do you depend in establish-

ing a diagnosis that labor is present.

6. Define the terms, "Primipara," "Mul-
 tipara," "Nullipara."

7. Explain what is meant by the "L. O.
 A." position.

8. How would you try to resuscitate a
 child that is apparently "still-born."

9. When and how is the "Amniotic Sac"
 to be ruptured by the accoucher.

10. What is "Hydrocephalus." How
 would you diagnose and manage a case of
 labor in which that complication was present.

1. Describe the "Trendelenburg" posi-
 tion.

2. Describe a "Sims" vaginal speculum.

3. How would you make a bimanual ex-
 amination.

4. What can be ascertained by such an ex-
 amination.

5. What is "Amenorrhœa." Give treat-
 ment.

6. Give some causes of "Dysmenorrhœa."

7. What is meant by "Trachelorrhaphy,"
 "Perinæorrhaphy."

8. Describe proper manner of catheteriz-
 ing a woman.

9. Give treatment for an acute attack of
 "Oophoritis."

10. How would you treat an uncomplicated
 case of "Prolapsus Uteri."

ANATOMY.

1. Name bones of head and face and de-
 scribe the Inferior Maxillary bone.

2. Describe the ligaments of the hip joint.

3. Describe the Azygos Veins, giving origi-
 n, termination and relations.

4. Give origin, relation and distribution of
 the Common Carotid arteries.

5. Give origin, functions and distribution
 of the 5th cranial nerve.

6. Give origin, insertion, nerve supply and
 functions of the deltoid muscle.

7. Describe Scarpa's Triangle, giving bound-
 aries, contents, etc.

8. Give anatomy of the middle ear.

9. Describe the heart, giving location,
 form, position and a general description of
 walls and openings, and the anatomical
 change that takes place at birth.

10. Describe the alimentary tract from
 Stomach to Anus.

OSTEOPATHY.

1. State how you would detect a slightly

dislocated innominate. How treat it.

2. Where would you locate the lesion in unilateral atrophy of the tongue. Facial Paralysis.

3. What would be your method in correcting a posterior curvature involving the lower cervical and upper dorsal vertebrae.

4. How would you affect a nerve center which you cannot reach directly.

5. What is epilepsy. Give treatment.

6. Give origin and distribution of the great splanchnic nerve. Treat a case of acute gastritis.

7. How does stimulation of the third nerve affect the eye.

8. How stop the pain of dysmenorrhœa. Tormina.

9. Describe and treat rheumatic arthritis.

10. State your method of treating Bright's Disease.

MEDICAL JURISPRUDENCE.

1. Before beginning an autopsy in a medico-legal case, what important facts or points in connection with it are to be noted.

2. What is the time limit of pregnancy that may result in the birth of a living child.

3. What conditions influence the time of appearance of rigor mortis, and how much the variation.

4. Differentiate between criminal and civil malpractice.

5. What conditions would warrant the induction of an abortion by the physician.

TOXICOLOGY.

1. Define poison and give examples.

2. Give maximum dose of Arsenious Acid. Morphia S., Atropia, and Fld. ext. aconite.

3. What poison sometimes develops in ice cream.

4. What treatment should be used in carbolic acid poisoning.

5. Define Iodism, and give treatment for same.

PHYSIOLOGY AND HYGIENE.

1. What is Karyokinesis.

2. State methods of nerve stimulation and their action.

3. What is the origin of lymph. How does it differ from chyle.

4. Describe the heart. Define blood pressure.

5. What is tidal air. Complementary. Reserve. Residual.

6. Describe the urinary secretion.

7. Locate center for speech.

8. What is the function of the placenta.

9. Name the nerves of taste.

10. How is the blood flow in the veins maintained.

11. What composes saliva.

12. Give physiology of the liver.

13. How disinfect after a contagious disease.

14. How are infectious or contagious diseases communicated.

PHYSICAL DIAGNOSIS.

1. Differentiate clinically between Enteric Fever and Tubercular Peritonitis.

2. How do the throat and lung symptoms of scarlet fever differ from those of measles.

3. Outline the physical signs and symptoms of Lobar Pneumonia.

4. Differentiate between acute Synovitis, and Articular Rheumatism of the knee-joint.

5. What are the objective symptoms of gastric ulcer.

6. Give a differential diagnosis between Cystic Calculus and acute Prostatitis.

7. Describe differentially a case of epileptiform spasms and hysteria.

8. Diagnose a hypothetical case of complete onesided hemiplegia.

9. When in your opinion does a case of Appendicitis cease to become a medical case, Give your reasons and authority.

10. Make a differential diagnosis between Cerebral Apoplexy and Acute Alcoholism.

HISTOLOGY AND BACTERIOLOGY.

1. Describe the Widal reaction and its significance.

2. Name four pathological Bacteria and the result of an infection of the same.

3. Differentiate the morphologic appearance between Staphylococci, Streptococci and Diplococci.

4. How would you demonstrate Tubercle Baccili in sputum.

5. What do you understand by the terms Aerobic and Anaerobic.

1. What is the fundamental difference between Sarcoma and Carcinoma.

2. Give histology of a lobule of the liver.

3. What is the histological structure of granulation tissue.

4. Describe the Epiphyseal Cartilage and relation to the growth of a long bone.

5. Describe histologically the cross section of a large nerve trunk.

CHEMISTRY.

1. Explain the difference between Atoms and Molecules.

2. (a) What is a base. (b) an Acid. (c) a Salt.

3. (a) What is an efflorescent compound. (b) What is a deliquescent compound.

4. Give the chemical formulae of the following: (a) Common salt. (b) Salt of tartar. (c) Calomel. (d) Epsom Salts. (e) Copperas.

5. Give one or more reliable tests for Arsenic.

6. (a) What antidotes would you use in a case of Arsenical Poisoning. (b) In a case of Carbolic Acid poisoning.

7. What is the amount voided daily, specific gravity, color and salts of normal urine.

8. (a) Give two tests for Albumin in urine. (b) Give two tests for Sugar in urine.

9. Give chemical test for blood in urine.

10. Give symbol, atomic weight and combining power of Antimony.

Examination was held at Madison, Wis., July 12-14, 1904. Osteopathic and Physiological questions by Dr. A. U. Jorris. The other questions were by M. D. members of the board.

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PERSONAL MENTION.

Dr. R. M. Cooper, of the last graduating class, has located at Norton, Kansas.

Dr. Ella N. Farr of Fargo, S. D., was elected First Vice-President of the National Woman's Relief Corps, at the recent G. A. R. Reunion held at Boston.

Dr. Emma Gardner of the June class, 1904, announces that she has permanently located at 1304 Main St., Richmond, Md.

Dr. Martha A. Morrison, graduate of the A. S. O., June class, 1904, has opened an office for the practice of her profession at 705, 17th Ave., Denver, Colo.

Dr. F. G. Crowley has succeeded Dr. Wm. Craig as a member of the operating staff of the A. T. Still Infirmary. Dr. Craig leaves the Infirmary much to the regret of all his associates. He expects to locate at Ogdensburg, N. Y.

Dr. L. K. Shepherd, of the last graduating class, is at present in charge of the practice

of Dr. W. J. Rhynsbarger at Dayton, Ohio, while the latter is away on a vacation. After October 1st Dr. Shepherd will locate at Glensdale, Ohio.

Dr. A. G. Mosley, June class 1904, has located at Gainsville, Fla.

Dr. O. E. Boles, June class, 1904, recently located at Pender, Nebr., for the practice of his profession.

Drs. Franklin Fiske, Ella Bissell, Nellie M. Fisher and Sarah C. Oneland, all of June class 1904, took the recent state examination held at Madison, Wisconsin.

Married:—Dr. Frank P. Walker of Cando, North Dakota, and Miss Ethel Margaret Pile of Memphis, Mo., on Tuesday, August 31st. The wedding occurred at the home of the bride's parents at Memphis.

Married:—On August 29th, at Warrensburg, Mo., Dr. Mell Ilgenfritz of Sedalia, Mo., and Miss Dorothy Wallace of Warrensburg, Mo.

Married:—Dr. George Parks of West Plains, Mo., and Miss Pearl Smith of Kirksville, Mo., at Chicago, Ill., July 15th.

Married:—At Greensburg, Pa., August 4th, Dr. Frank Van Doren and Dr. Sarah M. Hawk.

Married:—At Kirksville, Mo., August 24th, Dr. Amos French of Syracuse, N. Y., and Miss Lucy Davis of Kirksville, Mo.

Married:—At Kirksville, Mo., August 31st, Dr. Eugene Malone and Miss Jessie Edwards, both of Kirksville, Mo.

Dr. L. D. Hickman, who for the past four years has successfully engaged in the practice of osteopathy at Princeton, Ill., has recently gone to Santa Barbara, Calif., where he will locate for the practice of his profession. Dr. H. V. Hickman, who for several years has been associated in the practice with Dr. L. D. Hickman at Princeton, remains in charge of the practice at that place. He will be associated with Dr. Mab A. Blake in the practice at Princeton.

Died:—At Madisonville, (suburb of Cincinnati, O.) July 12th, 1904, Myrna Anderson Lewis, daughter of Dr. R. G. and Mrs. N. A. Lewis. She was born at Chillicothe, Ohio, Aug. 20, 1880. An invalid since 1888, beloved by all who knew her.

The following alumni visited the A. S. O. during the past month: Dr. A. N. Ovens,

Mason City, Ill.; Dr. C. C. Linhart, Evansville, Ind.; Dr. G. S. Warren, Kingston, N. Y.; Dr. Ida Mae Zellweger, Lake Charles, La.; Dr. Mary Markey, Salisbury, Mo.; Dr. E. H. Laughlin, Fayette, Mo.; Dr. Robert Conner, New Orleans, La.; Dr. Minnie Potter, Memphis, Mo.; Dr. Edward Hansen, Pittsburg, Pa.; Dr. Cora C. Hansen, Pittsburg, Pa.; Dr. A. G. Hildreth, St. Louis, Mo.; Dr. H. T. Ashlock, St. Louis, Mo.; Dr. Harry M. Still, New York City; Dr. Sallie M. Conner, Bellefontaine, Ohio; Dr. A. G. French, Syracuse, New York; Dr. Arthur Patterson, Wilmington, Delaware; Dr. Lamar Tuttle, Yonkers, N. Y.; Dr. Clark Fletcher, New York City; Dr. H. M. Vastine, Harrisburg, Pa.; Dr. Minnie Miller, Gallatin, Mo. and Dr. Isabel Harris, Kansas City, Mo.

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Removal Notices.

Dr. O. A. Siler, from Circleville, Ohio, to 304 Liberty St., Warren, Pa.

Dr. A. C. Campbell, from Green Bay, Wis., to 623 Kansas Ave., Topeka, Kan.

Dr. R. A. Bower, from Burlingame, Kas., to 823 Kansas Ave., Topeka, Kas.

D. S. A. Ennis, from Warsaw, Ind., to 403 E. Capitol Ave., Springfield, Ill.

Dr. J. H. Baughman, from Chicago, Ill., to the McFarland Hotel, Connerville, Ind.

Dr. F. I. Furry, from 514 Charles Bldg., Denver, Colo., to Cheyenne, Wyo.

Dr. N. T. Barker, from Keosauqua, Ia., to What Cheer, Ia.

Dr. F. P. Millard, from Worcester Mass., to LaPorte, Ind.

Dr. Mary Pratt, from Elmore, O., to 1612 Madison Ave., Toledo, Ohio.

Dr. Clara B. Wilcox, from Milan, Mo., to 46 Chestnut St., Everett, Mass.

Dr. H. D. Morris, from First National Bank Building, to Falk Building, Boise, Idaho.

Dr. C. G. Rust, from Lebanon, Mo., to Lexington, Mo.

Dr. L. D. Hickman, from Princeton, Ill., 905 State St., Santa Barbara, Cal.

Dr. Ida D. Webb, from Ridgway, Pa., to 4601 Wayne Ave., Germantown, Philadelphia Pa.

Dr. Blanche Weston, from 231 Pacific Ave., to 309 E. Ocean Ave., Long Beach, Cal.

Dr. Isabel Harris, from 331 Ridge Bldg., to 514-515 Atلمان Bldg., Kansas City, Mo.

Dr. Josie E. Gregory, from 117 E. College St., to 518 W. Oak St., Louisville, Ky.

Dr. G. S. Hoisington, from Belleville, Kansas, to Great Falls, Mont.

Dr. W. F. Pauly, from Stockport, Ia., to Kahoka, Mo.

Drs. R. F. and Virginia Graham, from Sioux City, Ia., to Batavia, N. Y.

Dr. O. B. Gates, from Hasting, Mich., to Bay City, Mich.

Dr. A. J. Noble, from Atoka, Ind. Ter., to Lewistown, Mont.

Dr. S. Lichter, from New York City, to 1028 Brown St., Peekskill, N. Y.

Dr. J. C. Blair, from Vanwurt, Ia., to Battle Creek, Mich.

Dr. Eugene Tiberghien, from Ft. Morgan, Colo., to Phillipsburg, Kas.

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Osteopaths are Wanted at the Following Places:

Camp Point, Ill., address S. H. Brakensiek. Wellman, Iowa, address Jacob Gunden.

Keosauqua, Iowa, address Dr. Nannie T. Barker, What Cheer, Iowa.

Washington, Penn., address Journal of Osteopathy.

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Wanted:—Lady osteopath as partner in an established practice in an Illinois city of 4,000. Address H., Journal of Osteopathy.

* * *

An osteopath located in a Western city writes, "Can you send me a good A. S. O. graduate to take charge of my practice for eight or ten months? I will sell, lease, hire or let a good man in on commission. My practice is better than \$300.00 per month." Address B., Journal of Osteopathy.

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FOR SALE:—A good practice in a Nebraska town of 3,000. Address C., Journal of Osteopathy.

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The A. S. O. Directory will be ready for mailing Sept. 14th. It being an unusually large number has caused the delay. Price, 10 cents. J. A. QUINTAL, D. O.