

The Journal of Osteopathy

July 1905

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THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., JULY, 1905.

*DIPHTHERIA.

E. C. LINK, D. O., KIRKSVILLE, MO.

There is the prevailing opinion among medical men which has been instilled in the minds of the people, that diphtheria is best managed by the use of antitoxin. This opinion is undoubtedly correct if the osteopathic treatment of this disease is not considered.* Without discussing the merits or demerits of antitoxin treatment, I would call the attention of our practitioners to the osteopathic treatment of this much dreaded disease.

In cases of moderate severity, even in cases where laryngeal stenosis does not exist, the patient is profoundly prostrated, and death may result from the toxæmia or acute cardiac dilatation owing to degenerative changes in the myocardium. This degenerative process may affect other viscera. An acute nephritis more or less severe in character usually develops during the active period of the disease and may become chronic and add to the burdens of an already weakened heart. A toxic neuritis develops in many cases resulting in the various paralyses. The ocular muscles are sometimes involved causing strabismus and diplopia. The involvement of the pharynx may lead to a serious complication, that of aspiration pneumonia which may terminate fatally. The cardiac nerves may become involved causing paralysis of the heart. Paralysis of the facial muscles sometimes occurs from inflammation of the seventh cranial nerve.

The prognosis is grave, especially in cases where the temperature is high, prostration profound, great enlargement of the cervical lymphatic glands, a great amount of exudation involving the nasal passages, the pharynx, larynx, trachea and bronchi causing stenosis of the respiratory passages; also when there are marked evidences of parenchymatous degeneration of the kidneys.

With as gloomy a prognosis as is usually given, is it any wonder that people embrace any drug that will apparently cause the disease to pursue a milder course, even though the remedy may in some cases influence the system in a harmful manner?

*Paper read before the Missouri Osteopathic Association at Springfield, June 8, 1905.

We osteopaths believe, we know, that the unobstructed flow of blood through the arterial and venous channels by which all tissues are bathed in this life giving stream will prevent the invasion of pathogenic micro-organisms, and, by the re-establishment of a normal circulation, disease is dispelled by the anti-toxic, germicidal properties of pure blood.

The cause, then, of nasal, pharyngeal or laryngeal diphtheria is obstruction to the circulation of the blood and lymph through the neck and the obstruction occurs, as a result of lesions in the cervical region affecting the cervical sympathetics or lesions in the upper thoracic region whence the vaso-motor fibers arise. A derangement of the vertebral articulation of the first rib is usually found. These lesions cause a condition of lowered vitality of the mucosa of the nose and throat—the abnormal secretion favoring the rapid multiplication of the Klebs-Löffler bacillus—the exciting cause of the disease.

The diagnosis is made from the clinical symptoms and microscopic examination of the exudate. The diphtheric membrane is firmly attached to the mucosa and an attempt to remove it causes a slight hemorrhage. The exudate occurring in follicular tonsillitis is within the crypts and upon the surface of the tonsils (usually on one side), shows no tendency to spread to surrounding structures, and may be removed without leaving a bleeding surface. There are many cases of diphtheria of mild type that are diagnosed as tonsillitis, and I believe it to be the duty of the practitioner to isolate every case of sore throat until the real nature of the disease can be determined. If the disease is found to be diphtheria the osteopathic practitioner should conform to the laws in regard to isolation, quarantine and disinfection, that others may not be exposed to the infection. Hygienic measures should be adopted and osteopathic therapeutics instituted. The patient should be put to bed under the care of a competent nurse. The room should be stripped of unnecessary furnishing, should be light and easily ventilated, and visitors should be excluded. The physician himself should be very careful lest he become the means of spreading the infection. The diet should be nutritious in liquid or semi-solid form, and in cases where deglutition is difficult or impossible nutrient enemata should be given. The patient should be given plenty of pure water to drink to dilute the toxins circulating in the blood, thereby reducing the danger of toxæmia and toxic nephritis. Rectal injections of about one pint of normal salt solution at body temperature should be given at stated intervals to patients who can not swallow.

The osteopathic treatment should be given at least twice each day, and, since no two cases are exactly alike, the frequency of giving the treatments should depend upon the character of the case, and it would be well for the practitioner to remain with his patient in some cases administering frequent relaxing treatments to overcome laryngeal stenosis.

The muscles of the neck should be gently manipulated, beginning at the level of the clavicles and gradually relaxing the contracted muscles, thence

upward releasing the tense hyoid system. Especial care should be taken lest the enlarged and inflamed cervical lymphatics be broken down by injudicious treatment.

The practitioner should endeavor to remove the lesion which is primarily responsible for the diminished tissue resistance. The first rib should not be forgotten for this lesion will affect the stellate ganglion and fibers of the sympathetic chain.

Further treatment should be given in the upper dorsal region to fortify the heart and lungs and to the splanchnic and lumbar areas to increase the activity of the bowels and kidneys.

That the osteopathic treatment of diphtheria is the treatment, "par excellence," is attested by those who have had the widest experience.

During an epidemic of diphtheria in a northern state several years ago, Dr. C. E. Still was called in to treat a child suffering from this disease. His success was phenomenal and his fame spread throughout that region. In a few days he was treating more cases than all the doctors of the old school combined. While his patients were convalescing, many being treated by the best medical skill were dying. It is unreasonable to suppose that all of his cases were of mild type, but we must conclude that the character of the disease was changed by removing obstructions to the circulation throughout the neck.

The writer has quite recently observed in his own family a case of diphtheria of severe type, in which the uvula, post nasal region, the pharynx and tonsils were covered with the exudate. The bacteriological examination was made by Dr. Chas. H. Hoffman, a member of the A. S. O. faculty, whose ability as a pathologist and bacteriologist is recognized by the medical society of the State of Iowa and other organizations.

There can be no question as to the diagnosis in this case. The treatment was purely osteopathic, no distressing sequels have presented themselves as yet and the patient is gaining in health rapidly.

The complications and sequels of this disease are dependent upon the influence of the toxins upon the nervous system or upon the action of these toxins causing degenerative changes in the viscera or muscles.

The most serious of the complications are pneumonia, nephritis and cardiac dilatation.

Owing to paralysis and anæsthesia of the palate and pharyngeal structures, food and septic material may be inspired causing broncho-pneumonia or capillary bronchitis which may prove fatal.

The development of nephritis may be explained as the effect of the toxins upon the renal epithelium or its effect upon the renal nervous mechanism. In some cases the development of thrombi in the renal arterioles causes abscess or an interstitial nephritis. Acute cardiac dilatation or paralysis of the heart may occur during the active period of the disease or may not occur until convalescence is well established when upon some sudden exertion the patient may suddenly collapse. When there are evidences of myocardial weakness the pa-

tient must not be allowed to get up until the danger of collapse is past.

A peripheral neuritis develops in some cases in which such symptoms as ataxia and loss of reflexes are present. There is wasting of certain groups of muscles.

The various sequelæ and complications are best relieved or prevented by—

1st—Limiting the production of toxins by a most thorough relaxation of the muscles of the neck thereby favoring the unobstructed circulation of the blood and lymph.

2nd—By the correction of lesions which affect the vaso-motors to the head and neck.

3d—By spinal treatment affecting the vaso-motors to the areas involved.

4th—By increasing the activity of the excretory organs, by treatment in the splanchnic and lumbar areas, that the toxins may be more rapidly eliminated.

In cases where laryngeal stenosis is marked and suffocation is imminent, intubation should not be delayed.

Fortunately the complications and sequels under osteopathic treatment are rare and on account of this fact we may say that the prognosis is good in most cases and guardedly favorable in laryngeal cases if the treatment is begun early.

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GASTRO-INTESTINAL CATARRH.

DR. SANFORD T. LYNE, KANSAS CITY, MO.

While inflammation of mucous membranes may be acute or chronic, the general acceptation of the word catarrh implies a chronic condition.

We therefore use the term "gastro-intestinal catarrh" in the sense of chronic inflammation of the mucous membrane of the stomach and bowels.

The entire intestinal tract may be involved, but usually the bowel affection is confined to the small intestine. In well defined cases of gastritis the small intestine, at least the duodenum, is almost invariably involved. This is true not only for the reason that the small intestine is closely associated with the stomach in the processes of digestion and assimilation, but for another and perhaps more important reason. Since the sympathetic nerve supply of the two organs is closely allied by origin and function, a lesion affecting the innervation of one will almost certainly involve the other.

The symptomatology of gastro-intestinal catarrh is varied. The general characteristics of a typical case are sallow complexion, anemia, emaciation and neurasthenia, with well marked symptoms of gastro-intestinal indigestion. The appetite is lost or capricious; thirst variable; bad taste and offensive breath; tongue more or less coated; gums may be red and inclined to bleed. Epigastric fulness and distress after eating are common, and there is usually more or less belching of gas and bitter fluid. Abdominal tenderness and tympanitic distention with rumbling and tormina are more or less constant, and

nausea and vomiting may be present. If the colon is involved diarrhea is the rule, tenesmus is present, the stools are thin and may at times contain small quantities of blood. Constipation is the rule if the colon is not involved. In either event the stools contain more or less mucous and undigested food. The urine is usually diminished in quantity and highly colored. Headache, drowsiness, and irritable disposition are very common. Sleep may be restless and disturbed by dreams. Atrophy of the mucous membrane is usually indicated by pain, vomiting and progressive loss of flesh.

The pathological process begins in the mucosa as a congestion and dilatation of the blood-vessels, resulting in glandular inflammation. In mild cases the pathological changes may not advance beyond this point, but if the causative lesion persists very long, or if the condition is aggravated by indiscretion in diet, or other excitants, interstitial changes may take place. The tissues between the glands undergo infiltration followed by atrophy of the mucous membrane. The glandular bodies may become united together and to the adjoining coats, and become distended with plugs composed of cells and granular matter which project from their orifices. In extreme cases the epithelium undergoes various types of degeneration, and the submucous and muscular tissues become hypertrophied.

Referring to the etiology of gastro-intestinal catarrh, it is of particular interest, from an osteopathic viewpoint, to note the fact that medical authorities generally agree that a certain amount of predisposition (congenital or acquired) seems to be necessary before an exciting cause can become active.

The tolerant nature of the alimentary tract, often permitting the grossest violations of dietetic principles without resentment, as well as the fact that what often proves to be a very harmful diet for one person, may be perfectly wholesome for another, are arguments supporting the theory of predisposition that cannot be successfully contradicted.

Gastro-intestinal catarrh may develop gradually, or it may follow acute gastritis. In either event the predisposing cause gradually grows in effectiveness until it causes a departure beyond the physiological limit, whereupon it becomes an exciting cause, also. Other exciting causes are such as the persistent ingestion of food or drink, improper in quality, and excessive in quantity; insufficient mastication; prolonged nerve wear or depression; exposure to wet and cold, etc. The condition sometimes appears in connection with diseases of the heart, lungs, liver or kidneys. We are of the opinion, however, that although such diseases may weaken the system, and lessen its powers of resistance, typical gastro-intestinal catarrh will not develop unless there is present a splanchnic lesion producing at least an hyperemic mucous membrane.

The fact that the pathological changes involve the secreting structures implies that the primary or predisposing cause must be a disturbance of the sympathetic nervous system, since it presides over the secreting function.

The splanchnic nerves, from the sixth to the tenth dorsal, furnish the secretory and vaso-motor impulses to the stomach and small intestine. Hence,

it must appear reasonable that a lesion in this region, inhibiting the vaso-constrictors or irritating the vaso-dilators, would cause congestion and dilatation of the blood-vessels, and result in impaired digestion and faulty nutrition.

If there be no lesion between the tenth dorsal and fifth lumbar, the large intestine is not likely to be affected. If there is a lumbar lesion, it may restrain the inhibitory impulses to the colon and rectum, and thus, in a measure at least, account for a condition of diarrhea.

To depend upon symptoms for the selection of a remedy is an experiment responsible for many failures. Substituting pepsin, phosphates, acids, chlorides, etc., for a deficiency of such elements may give temporary relief, but evidently substitution does not remove the cause of the deficiency.

In osteopathy causes instead of symptoms determine the treatment, and no case is completely diagnosed (or the diagnosis confirmed) until by physical examination the cause becomes manifest. Osteopathic treatment, therefore, is peculiar to the individual, rather than to the variety of the complaint, and is a specific for the reason that it removes the predisposing factor, or that which maintains the disease, instead of palliating the effect or symptoms.

Generally speaking, the prognosis of gastro-intestinal catarrh, under osteopathic treatment, is good. In advanced cases it depends not a little upon the extent of changes or destruction of secreting structures. If degeneration and hypertrophy are marked the prognosis is not good. The majority of cases require at least several months treatment—some much longer.

The extent to which the patient can be induced to avoid exciting influences has much to do with the progress of a cure. Age and state of vitality are also factors favorable or unfavorable to rapid improvement. A sparing diet of plain, nutritious and easily digested food should be insisted upon. Water should be drunk very freely, especially hot water before meals, as it helps to remove the coating of mucous. Morning cold sponge baths, followed by brisk friction, have a toning affect. Rest and fresh air are advantageous, especially if emaciation and debility are marked.

Several of the cases that have come within the experience of the writer will be mentioned.

Male, age forty-seven. A case of four years standing. Has now been under treatment, irregularly, for about twelve months with but little improvement. Aside from symptoms of gastro-intestinal indigestion, neurasthenia and emaciation are very marked. Has lost about forty pounds during the past year, but the condition generally has shown a little improvement during the last two months. Constipation formerly alternated with diarrhea, but the bowels now move twice per day, though the stools are not well formed.

Lesions: Entire spine very rigid; second dorsal to the left, third to the right. These are only partially corrected. The patient has continued his occupation—a very strenuous business—uses liquor moderately, tobacco-excessively, and pays but little attention to diet. Had the case been treated

regularly and avoided all exciting influences, undoubtedly the results would be different.

Female, age thirty-seven. A typical case with gradual progression during a period of six years, dating from a serious confinement. The system was very much debilitated, with some loss of flesh. Very obstinate constipation. The lesion was an extreme right lateral curvature in the middle dorsal region, dating from girlhood. Treated four months. All the symptoms disappeared, and patient gained fifteen pounds. The lesion was not entirely corrected, and should it become exaggerated the condition is liable to recur. It is now five months since the case was discharged, and there has been no further trouble.

Male, age forty-two. Case gradually developed during a period of three years. Had usual symptoms of gastro-intestinal indigestion, marked tenesmus, diarrhea and occasional bloody stools. Lesions: Posterior lumbar and lower dorsal as high as the eighth. Treated five months, twice per week. Lesion corrected and symptoms disappeared, but the stools were not well formed when treatment was stopped two months ago.

Male, age thirty-six. Case of ten years standing, following acute gastritis. While careful of diet, symptoms were not especially marked, except obstinate constipation. Very slight indiscretions in diet would bring on distressing gastro-intestinal indigestion. Mother of the patient died of stomach and bowel trouble. Lesions: Seventh and eighth dorsal vertebræ to the left, break between the eighth and ninth. Treated two months; corrected the lesions. Discharged as cured about five months ago, since which time he has been able to eat what he pleased without inconvenience.

Female, age twenty-five. Case of two years standing. Nervous depression and nausea and vomiting were the most distressing symptoms. Bowels constipated, and stools contained undigested food. Abdomen tympanitic and tender. Lesion: Very straight upper dorsal as low as the eighth, making a very marked anterior condition of the eighth at its junction with the ninth dorsal. Treated three months; improved from the beginning. Just discharged as cured.

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TUBERCLE BACILLI HARMLESS GERMS.

T. L. RAY, D. O., FT. WORTH, TEXAS.

These much libeled germs are said to be the cause of more deaths than all other diseases combined. My object is to inform the laity that these micro-organisms known as tubercle bacilli can thrive in no place but devitalized tissue; in other words, that they are harmless in pure blood and healthy tissue.

I am fully convinced that one of the greatest causes for the unchecked sway of consumption is the fear that physicians and people in general have for this germ. If members of one's family have had consumption, and disease makes its appearance in any part of the body, it is liable to be diagnosed as a tubercular condition. The presence of these germs if they have taken hold of tissue, should,

I consider, be thought of as a sign or symptom of reduced vitality at the point of infection, rather than as a cause of disease. If the reader will stop and think, he will doubtless remember, that in all cases of consumption or tuberculosis that have come under his notice, there was a diseased condition of the affected part before the bacilli could be found, that is, in sufficient numbers to justify its being called a tubercular condition.

It is said that continued search in the mucus from the air passages of normal bodies, reveals that they may be found in any one. This is certainly enough to lead us to the belief, that they are not the cause of consumption, but lodge in an organ and grow because of a fertile soil or devitalized point. It is almost an every day occurrence that we meet people who have been advised to have a change of climate because these germs have been found in the sputum. It has become a known fact that change of climate has cured many cases of tuberculosis.

Can we imagine for a moment that there is a climate where these little antiseptic proof fellows cannot live? If consumption is caused by the tubercle bacilli, such a climate is the only kind that could possibly bring about a cure. They are thrifty in all parts of the world. I called them antiseptic proof, because it is impossible to use an antiseptic in the chest strong enough to kill them without endangering the life of the patient.

When we know that tuberculosis has been cured by change of climate, and that the germs are thrifty in all kinds of climate, is it unreasonable to say, that the change restores the vitality to the resisting point, or that it eliminates the fertile soil and the germs disappear because they have nothing to subsist upon? I take it that this is the most reasonable theory and believe that I have sufficient evidence to prove it.

Many physicians mistake a common cause for lung troubles as a symptom. If the ribs are all down on one side they say that the lung has collapsed or is gone. They fail to consider that the lung is simply a sac and has nothing to do with the shape of the chest. I wish to impress strongly, that our lungs are good only to the extent that we can throw our ribs out and in and the diaphragm down and up.

Air runs into a bellows because you enlarge the cavity, and out because you compress it. The principle is identical. This being the case, should we not consider a flatness in the chest, or a reduced expansion as a fault in the chest-wall, rather than the lung, which has absolutely no power to act of itself. Dr. Still says: "All bodily disorders are the result of mechanical obstruction to the free circulation of vital fluids and forces."

We should remember that the lungs are extremely vascular and that unless they are expanded and compressed regularly, congestion, poor aeration, and reduced vitality are sure to come. If these conditions remain, ulceration makes its appearance, then the tubercle bacilli get a lodging place, and like seed in rich ground they bring forth much fruit of their kind. These germs make the ulcer worse because they make it more septic. The ulcer makes progress in the

devitalized parts and it is thought to be the work of the germ.

I will cite some cases that I feel will prove to any unprejudiced mind that the germs are there as a result of the disease instead of being its cause:

CASE 1. A lady, thirty-five years of age, had history of consumption in the family, having lost three sisters as a result of this disease. She had inherited a weak constitution. The examination showed a contracted chest with a dull area on the right side under the fourth and fifth ribs which were more depressed than the others. Dorsal vertebræ from the second to the fifth were posterior. There was also a lesion at the twelfth dorsal and first lumbar. Her chest expansion was only one-half inch. Microscopical examination which had been made several times, showed tubercular bacilli in the sputum and in the stools, as she was also suffering from an ulceration in the colon, and had an average of six passages daily.

This, naturally, was diagnosed as consumption of the bowels. In thirty days the lesion that affected the bowels was removed and the action became normal. In four months the other lesions of the spine were removed, the ribs were raised, and the intercostal muscles relaxed. Her expansion was increased to two and one-half inches, and she had gained fifteen pounds. All signs of the disease were gone. This case was dismissed in December, 1898. I heard from her in August, 1904, and she was still in good health. This lady would doubtless be thrown back into the same condition by pneumonia, lagrippe, or any disease that would reduce the supply of blood and nerve force to her chest.

CASE 2. Lady, twenty-five years of age, had a posterior curve from the first to the tenth dorsal vertebra. Her chest expansion was one inch. A prominent medical physician had informed her husband that it was consumption, and that she could not live more than six months. Ten weeks' treatment relaxed the chest and straightened the spine. The expansion was increased to three and one-half inches. This was over four years ago. I examined her chest recently and her expansion is some better than when dismissed. She had no symptoms of its return. Am now treating her brother for the same trouble. His sixth and seventh ribs on the right side are down, compressing the lung and producing an area of dullness at this point. I have raised his ribs, and his cough which was accompanied by a bloody sputum, has ceased. His general condition is much improved.

CASE 3. A young man, aged twenty-four, had hemorrhages from the left lung. Physicians had told him that he could not be cured. He was very much emaciated. The hemorrhages came as often as one and two in a month. Examination showed the left side of the chest flat and about three-fourths of an inch lower than the right. There were indications of an ulcer in the upper lobe of the left lung.

I asked if he had had an accident that could have produced this flatness of the chest. He answered that a horse had fallen with him and injured the left side about five months before the first hemorrhage. He had not thought of this injury in connection with the disease. He had tried traveling and out-

door living in the West without benefit. Six weeks' treatment raised the ribs and restored the chest to its normal condition. I dismissed him four years ago last September.

I will quote from a letter received from him last fall: "People told me that I might be relieved for a short time but that it would be much worse when it returned. I have now waited four years and have had no symptoms of my former trouble."

CASE 4. A lady, (who had lost a brother through this disease) had an enlarged gland on the right side of the neck as large as an egg. This had been diagnosed as a tubercular gland. An allopath had thought it his duty to inform her husband that if he allowed me to work on the gland, that the germs would be thrown into the blood and she would die of general tuberculosis. This enlargement was caused by contractures over the deep vessels that lead the blood and lymph from the gland. The contractures were removed about a year ago, the gland assumed the normal and the doctor's prediction has not yet come to pass.

CASE 5. A gentleman, forty-six years of age, had consumption of the bowels. His weight was reduced from one hundred and seventy-eight to one hundred and eighteen pounds. He had from twelve to fifteen passages daily. Specialists had made diagnosis of tuberculosis of the bowels and had informed him there was no cure for it.

Examination showed a marked posterior curvature of the lumbar region of the spine. He had three ulcerations in the colon and one in the rectum. The curve was straightened in two months and a cure was the result. He was dismissed over two years ago and a letter received recently states that he is still in good health and that his bowels have been normal since the course of treatment. From an invalid who could not walk without assistance, he was restored to his former weight and vigor. In this connection let me say, that the most hopeless appearing cases may be benefited if not cured. This last case looked so hopeless as to cause another patient to say: "Doctor, you certainly are not treating that man!" When I asked why, he said: "He is as good as dead right now and people will say that you took his case for what you could get out of him." I find that this is the way many people do criticize physicians who have the courage to treat consumptives.

Some physicians of other schools are becoming convinced that it is curable and many admit that the bacillus is not the sole cause. Stephens in his "Practice of Medicine" says: "The discovery of calcified tubercles at autopsies furnishes abundant proof of the curability of the disease." In speaking of the cause he mentions several, such as inherited weakness, unsanitary residence, breathing impure air and irritating dusts, catarrhal affections of air passages, alcoholism, and a number of diseases, namely: measles, whooping cough, diabetes, nephritis, as the predisposing and the bacillus as the exciting cause.

The Illinois State Board of Health in a pamphlet on diagnosis says: "In view of the resources now at our command for virtually curing the disease,

hesitation to inform the patient as to its nature is indefensible." Dr. Jonathan Wright in the New York Medical Journal says: "Light and air are about the only efficient agents we have, either for the cure or the prevention of tuberculosis." He also says: "In 1892 Robert Koch put the whole onus of tuberculosis on the bacillus, but historically it rests upon the despotism which prolongs the labor, takes the fat out of the food and darkens the habitations of mankind."

In speaking of their power to cope with the disease he says: "So completely to banish the bacillus tuberculosis from the environment of man as to produce any appreciable effect on the sum total of deaths from tuberculous disease in the face of facts now available is a proposition to which common sense can no longer lend a courteous ear. So far at least as concerns tuberculosis we know that strengthening the cells of the human body is the most efficient means of combating the scourge."

If the best way to combat this disease is by strengthening the body-cell instead of killing the bacillus, should we not exert more care in order that the body may be kept normal? If one's neck and shoulders be allowed to droop forward the ribs are thrown down and the intercostal muscles become contracted so that it is often impossible to relax them without assistance. If a man's expansion is less than three inches, and a woman's less than two and one-half, it is time to do something. If deep breathing and other exercises will not increase it, then there is something out of alignment, such as subluxated vertebrae, twisted ribs, and contracted muscles, any of which certainly should be adjusted before the vitality runs so low that life is endangered.

I have treated fifteen cases, relieved seven, benefited five and lost three.

With this I affirm that the tubercle bacillus is a harmless germ in other than devitalized tissue.

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*RHEUMATIC FEVER.

MARY T. MADDUX, D. O., FAIRFIELD, IOWA.

No apology is offered for selecting this subject to present to you. The prevalence of this complaint, the disastrous effect left on those who are daily seeking restoration from the osteopath, and the wonderful alleviation from pain we can give those suffering from rheumatic fever is sufficient reason. To say that we are pleased with the success that osteopathy has achieved in preventing disastrous sequelæ, but mildly expresses our sentiments. We are proud of her.

Under the head of predisposing causes hospital records in America show this fever to be a disease of the late winter and spring months. Nearly fifty per cent of the cases occur between the ages of fifteen and twenty-five, but strange to say, most of our cases have been patients over forty years old. Hospital records also show a larger per cent of men than women with this disease, except that below the age of twenty, girls are in the majority. There have

*Read before the Eastern Iowa Osteopathic Association, Mt. Pleasant, Iowa, April 9, 1905.

been so many cases with us this year that we looked upon it as almost an epidemic. Other predisposing causes are severe attacks of la grippe, exposure to cold and wet when the system is depleted, heredity, sluggish liver, inactive kidneys, and last but not least some heart lesions. From an osteopathic standpoint we should say rheumatism is the result of impeded circulation, since perfect circulation means perfect health.

In our practice the lack of constant symptoms in the onset of this disease has been more noticeable than in any other acute, infectious, febrile disease. Very often tonsillitis is one of the early symptoms. Indeed some have gone so far as to say that there is always a primary infective trouble in the lacunæ of the tonsils, to which rheumatic fever is secondary, arising from the absorption of microbes or their products.

One patient had felt darting pains in the region of the heart two weeks before coming down with the rheumatism. Another had experienced wandering pains in the muscles of the lower limbs a number of days before inflammation of the joints and fever appeared. Another had suffered with a severe aching in the region of the kidneys for nearly one month previous to joint inflammation. In this patient we found the kidneys exceedingly sluggish. In many cases there are darting pains in the joints with chilliness and debility a short time before prodromal symptoms of rheumatic fever have developed. The bowels are constipated, the urine is scanty, high colored, with a heavy red precipitate of urates. Now the joints are becoming painful on movement. It may be the ankle, knee, hip, wrist or two or more of these large joints together. The skin is moist, but we find the temperature from 100 to 103. Profuse acid sweats of a peculiar sour odor with a febrile temperature is a prodromal symptom of rheumatic fever. The patient complains of sleeplessness owing to pain. The joints may be red and greatly swollen. Now that the disease has developed we may find patient complaining of pain in the region of the heart. On examination we may find a tendency to myocarditis, pericarditis or endocarditis, especially is this true in younger patients, twenty-five per cent according to Musser; endocarditis being most common. We have hinted at disastrous sequelæ under the old regime of treatment. Following is an example:

A girl, thirteen years old, with irregular movements of the body and limbs. In attempting to close the door gently she would slam it noisily. In seating herself she would land on one corner of the chair. She walked spasmodically, often bumping her head and face against the door. Voluntary movements were so involuntary that it was painful to watch her. When she was asked to turn over on the table we had to watch her that she did not tumble off. Her speech was jerky. History as follows:

A strong vigorous girl until seven weeks previous to this attack. She was taken with lagrippe while away from home, and medical aid summoned. Inflammatory rheumatism developed in its painful form. In a week's time from its appearance the medic had killed the pain. The child came home suffering from headache and insomnia. The before mentioned symptoms also mani-

festated themselves, becoming more pronounced every day during the five weeks previous to our being consulted. Physical examination revealed a rapid heart action, tense spinal muscles, especially the deep layers. Tenderness in the lower cervical and upper dorsal with impacted lower dorsal vertebræ. Otherwise the spine was normal. Treatment was directed towards removal of osseous and muscular lesions. We treated her two or three times a week. After the second treatment she slept better, and after the sixth treatment she was dismissed. Eight months afterwards on being called to the girl's home to take charge of a case of intermittent fever we were met at the door by a self-possessed and healthful a young lady of fourteen as one would wish to meet. Parents informed us that after that sixth treatment the girl had appeared entirely normal. No symptoms of chorea have subsequently manifested themselves. What drug was given I do not know, but I do know that on cessation of pain these serious nervous symptoms began to manifest themselves.

A large number of cases of endocarditis, pericarditis, and myocarditis date their ill health from attacks of inflammatory rheumatism where they were treated with drugs.

Our method is as follows: Bear in mind that most of these cases dread even the approach of one for fear that even jarring the bed will increase the pain. Before examination begin gently questioning, and while we are talking begin our examination. Note the heart, pulse and temperature. As gently and thoroughly as possible make the osteopathic examination. Relax spinal muscles thoroughly. Stimulate liver and kidneys. Keep the ribs on the left side raised carefully. We look closely after the first and second ribs, lower cervical and lower dorsal, for here we may find some important lesions governing the circulatory system. If pain is in the lower limbs look carefully to lumbar region. And these inflamed joints, here is an opportunity to exercise our coaxing power by approaching from a distance. We begin with gentle manipulation along the course of the nerves leading up to the joints, approaching steadily until we have the inflamed tissues under our touch. Presently by gentle manipulation we have a good circulation to the joint. It is no longer painful. We now grasp the foot or hand firmly and by gentle but firm traction endeavor to separate the articular surfaces. This treatment is vindicated by a parenthetical sketch from Dr. A. T. Still's late book, "Philosophy and Mechanical Principles of Osteopathy." Under the head of rheumatism he says, "Before pain begins at the joints you are sure to find that all gas or wind had left the joints. Thus electricity burns because of bone friction. Some gas must be between all bone joints. Thus we find great use for atmospheric pressure to hold bones far enough apart to let the "joint water" pass freely over the opposing ends of bones. There is a natural demand for gas in all healthy joints of the body. Reason leads us to believe that gas is constantly being conveyed to or generated in all joints." He then goes on to explain himself. However this may be you will very materially help your case by separating the articular surfaces. Then inhibit vaso-motors as the heart action may indicate. We insist on com-

plete rest in bed. If in cold weather between blankets so as to allow no chilling. Referring to Osler, "Chambers insisted that the liability to endocarditis and pericarditis was much reduced when the patients were in blankets. Patient should also wear flannel night gowns and change frequently during sweating period." The room is kept at an even temperature, and nurse instructed to keep patient warm and quiet. Not many visitors allowed, and none if the case is nervous, or anywhere near a critical condition. Treat morning and evening if suffering is severe, then once a day until all pain has ceased. We treat twice a day until all joint inflammation has disappeared. Our patients are given to understand that they must drink plenty of water. If they are not drinking enough, prescribe it so much an hour, and insist that it be given the same as a medic does drugs. The bowels are flushed at the beginning of our charge and we see to it that they move daily.

We give a liquid diet with the exception of fruit, without sugar. Stewed prunes are excellent. Malted milk is excellent as it agrees with and satisfies the patient better than any other liquid we can give. The characteristic of this disease is that in the favorable cases the inflammation will usually shift from one joint to another until the fever has disappeared. Watch the heart closely, examining each day. Should the pain suddenly cease altogether we may find that the heart may need some stimulant. This the skillful osteopath carries in the ends of his fingers.

We must remember that one attack does not render the patient immune, but on the contrary it predisposes to a second attack. The patient should be taught how to prevent the second attack. We believe in sunshine and plenty of pure, warm air in such cases. Preventative measures should be taken against getting up too soon, especially when the weather is cold and wet. In following the above routine of treatment we have met with universal success. One lady who was helpless when we were called was free from pain on the fifth day from first treatment. In addition to this outline we do not overlook the fact that we must meet some symptoms as they arise, and that no hard and fast mode of treatment can be given which will be perfectly adapted to all cases. To combat the pain we have once or twice used antiphlogistine to good advantage, also hot fomentations, but many of our best cases were treated purely osteopathically. Antithermoline proved valueless in the only case where it was tried.

Regarding drug treatment Osler says "Medicines have little or no control over the duration or course of the disease which takes its own time to disappear. R. P. Howard's elaborate analysis shows that the salicylates do not influence the duration of the disease. Nor do they prevent the occurrence of cardiac complications, while under their use relapses are much more frequent than in any other method of treatment."

*OUR RELATIONS TO OTHER PHYSICIANS.

A. G. HILDRETH, D. O., ST. LOUIS, MO.

The programme committee has certainly given to me a subject worthy of our most profound thought, and one, too, of vital importance to our profession. I would that it were possible for me to say just the thing that should be said here, and that it would solve the problem for all time to come in the very best way possible, and that the power could be given me to reach every individual in all schools of medicine, in order that all should treat each other in the right way.

Let me say in the beginning, there is nothing so deplorable as the tendency among physicians to be clannish, each school to itself, and among no profession of men is there such a tendency to be jealous and envious of competition, as among physicians. This has gone on so far and to such an extent that even the laity notice the fact and remark upon it. Just the opposite should be the condition. Nowhere among any calling of men should there be a cleaner, broader-gauged, higher degree of genuine manhood or womanhood than in the practice of medicine. It should even excel the ministry in the standard of the highest qualities that exist in our kind.

The man or woman who chooses as his life work the healing of the sick, should be made to understand, and comprehend the fact, that his calling is the noblest of them all; that his work is God given, and could only be followed in its fullest, highest, best sense when he who chooses it is endowed with the highest type of Christian individuality. He or she who walks this path should eliminate forever all thought of envy, of school prejudice, of self; in fact, should have but one object in life, and that to secure for the patient the very best on earth. There should ever be but one all absorbing desire, one ambition, and that the permanent cure or relief for the afflicted who come to them.

As to our differences of opinion as regards therapeutics, they are natural, they are right and only serve in the various schools as a factor of greater energy, more thorough investigation and ultimately better results.

But for men or women as individuals to ascribe to themselves or to their system all there is in medical treatment, is a condition which too often exists and creates one of the greatest obstacles in the way of real medical scientific progress, and should be eliminated forever from our ranks.

As you all know, ours is the newest system of them all, and as such has not only had to combat and revolutionize the theory of medical therapeutics, but has had to meet the most bitter, vindictive and prejudiced opposition of the older schools of medicine. Inch by inch have we been compelled to force our way against their opposition, and even the homeopaths at times have joined forces with their old enemy, the allopaths, in their vain efforts to stamp us out. Mark you, not all men in any of these schools have fought us, but the greater majority have done so. And their actions towards us should be a lesson never forgotten by the osteopaths, in this, that in after years we do not permit our-

*Paper read before the Missouri Osteopathic Association at Springfield, June 8, 1905.

selves to become the allies of any schools for the purpose of trying to prevent some one from starting other systems that have for their object the alleviation of human suffering. Rather let it teach us and help us to cultivate that higher and better element in our ranks, the broad gauge, right and liberal view which undoubtedly anticipates and expects more and greater discoveries in the future, and which will enable us not only to extend the right hand of fellowship, but better still by our independent liberality, prepare the way for their existence, and not endeavor to throttle by legislative monopoly the future freedom of thought and scientific investigation.

Strange as it may seem, yet it is true that the efforts of our enemies to retard our growth, have proven blessings in disguise, for through the unconquerable, all pervading spirit of free Americanism, the desire to investigate or to relieve the under dog, have our adversaries driven to us tens of thousands, people who would never have heard of us had it not been for their persecutions. Knowing these things then, let us be liberal with our brothers of other schools, and no matter what their conduct towards us, treat them just as we would like to be treated—as gentlemen.

'Tis true that in the past men of all the older schools have refused time and again to consult with us, and many do still, and will, no doubt, for years to come. Yet it is also true that by so doing, they do not injure us but themselves. They materially lessen their own personal standing in the family where the request for a consultation is asked, as well as in the community where the incident occurs, and they do not injure us one bit. Provided, mark you the word, PROVIDED you make no mistake and in an unguarded moment do not say something or do something that will lessen your own professional dignity and standing. In other words, just go on about your own business and ignore the slight entirely, even, should some one ask you regarding the incident, you strengthen yourself and likewise your profession when you pleasantly reply "Oh! they will know us better some day, and when they do they will value our opinion more," or some light remark of that character.

Here we might mention the delicate position not alone in which we are often placed, but likewise the physicians of the old schools, and that the one where in some family of our closest, best friends, or from people whom we have the most loyal support, firm believers, true supporters of osteopathy—some member of their family becomes critically ill, a case of life or death, and we realize it, and the family come to the osteopath who has charge of the case and say: "Now Doctor, you know John's condition to be grave, and we realize it to be; and while we have the utmost confidence in you and in osteopathy, yet should he die we would always feel maybe if we had employed both the osteopath and allopath, or homeopath, (as the case might be) it might have been different." And the opposite is just as often the case, even more so, where the allopath or homeopath has the case and the family desires to call an osteopath.

Now what we should do in such cases is the question. Here is where the greatest wisdom should be exercised; where the greatest tact is needed of any

position in which we are placed, as regards our relation with physicians of other schools, and in the decision of this question, we must bear in mind two very grave responsibilities, as well as numerous smaller ones. The first, of course, is the life of the patient regardless of individual opinions and desires, second, the right of the friends of the patient to feel that all possible has been done that could be done. Now I maintain as a rule that you lessen the chances of your patient's recovery when you mix your treatments, or have two or more people directing the case or prescribing treatment for the same. Even two or three men of the same school will differ in opinion as regards minutia of treatment, and in their separate advise confuse the attendant's mind, and weaken not only the man or woman who attends the case in their estimation, but the chances of recovery of the patient.

The gravity of our decision in these cases can only be realized, it seems to me, by a full comprehension brought about by practical illustration and experiences. Now should we refuse to let the family have the medical man work with us, they might say: "Well, you claim the case to be a very critical one and very questionable about the result; now we feel for our own satisfaction we must try the other, too. If you refuse we will discharge you." Now what is your duty? And it is just so where the medical man has charge of the case. Should you refuse to go, or work in conjunction with him when called to do so? You know just as well as I, that if you withdraw from the case, or refuse to go and work with the case in the medical man's charge, that oftentimes you take away from that patient the only chance he may have to live, for you all know from experience that you have often gone where medicine has failed, and made permanent cures. It seems to me that the question can only be settled by the individual practitioner, and he should ever be governed by the surrounding conditions of the patient, and never from the standpoint of a refusal because a practitioner of another school was called or in charge of the case; and while it is questionable about the best results for the case when working together, there is no question but that you materially lessen the patient's chances to get well if you withdraw from the case, or refuse to go to him.

Another feature we are forced to combat with is the fact that our school, like all others, is unfortunate in having occasionally among our ranks men of very small caliber, who oftentimes through their lack of knowledge and of business ability or methods, stoop to things, or rather I should say unknowingly by their acts bring censure upon our profession, and in a great many instances work a very great hardship upon their fellow osteopaths. In our dealing with this class of our brothers, we should be mindful of the fact that each individual is created with his own caliber, and if others are less fortunate than you are, you should pity them, not blame. And by a closer contact with them endeavor to teach them a better way, rather than ignore and drive them further away from what you know they should do. A brotherly spirit between ourselves, and charity for all is the condition we so much need to cultivate in this the pioneer of our existence.

In a profession, such as ours, it seems to me that there are many qualities needed; a blending of the social and business qualifications, such as are demanded nowhere else among men. One thing we should ever be mindful of and that is the fact that through all our early struggle there has come to us on numerous occasions, the strong, able, manly hand of friendship, extended by individuals of the older schools of medicine. As instances, in one legislative body, a senator, an allopathic physician, who just one year before at a recodifying session had fathered a very stringent medical practice act, when our measure was presented to him (and he was a member of the Public Health Committee of that body) said: "Doctor, I am inclined to be friendly to your people. I am not prepared to say today what position I will take in this matter, but I know of one case of Pott's disease where your people worked seeming wonders, or rather did for the case work we were unable to do. And I feel if you can do such work, you are entitled to consideration in a legislative way." The result was this physician went before his committee with letters favoring our bill, he voted and worked for it, and it passed and became a law.

Another instance, a homeopathic physician, member of the house, when we had a bill pending, made a speech for our measure that turned the tide in our favor by a bare majority.

In Missouri, the home of our science, you all know of the bitter fight waged for years, with the ultimate outcome that in the end, when they knew us as we are, we secured our present splendid law, not only with the sanction of the old schools, but by their aid. Even the members of the State Board of Medical Examiners and Public Health, advising their members on the floor of the house and senate to vote for our bill, which they did without one single exception, and there were ten physicians members of the house when the bill passed.

Knowing these things just as they are makes me take the position that we can afford to be very liberal in our attitude towards practitioners of other schools, believing firmly that if we attend strictly to our professional affairs, adhere to that old and best scriptural advise, "Do unto others as ye would have them do unto you," we need have no fears for the future.

In other words, as time rolls by and they know us better, they will love us more, and, too, as we grow older, they will learn and know more of our work, and when they do know us as we are, they will realize and recognize the results obtained by our treatment, and I firmly believe that there are enough men among them of the broad gauge character to bring about a bond of union, based upon the broad, common ground of extending the right hand of fellowship to all schools recognizing each in their independent way as trying to do the best they can for suffering humanity.

The Trend of Drug Medication.

J. L. HOLLOWAY, D. O., DALLAS, TEXAS.

In an editorial in the New York Medical Journal, under the caption, "Some Potent Therapeutic Influences, Present and Prospective," Dr. Andrew F. Currier presents some very interesting observations to the effect that "the method of treatment of many diseases is undergoing a process of change which is more or less revolutionary." He asserts that "the era of polypharmacy, with its multitude of drugs, the use of many of which is often in the highest degree empirical and unsatisfactory, is passing away." He thinks the time far distant when "drug-taking" will be abandoned, but is convinced that the "utility of many of them as means for the possible cure of disease is less highly regarded than was formerly the case," and that new agencies of a drugless kind will greatly supplant the present practice.

The whole article bears evidence of the struggle of a mind for more light and of an unsatisfactory experience with the shortcomings of drug therapy. The enumeration of what he deems the important therapeutical agencies of the future which will relegate drugs to a subsidiary position in treating disease, is worthy of consideration by reason of the apparently studied effort of the writer to ignore the science of osteopathy. Or can it be that the learned doctor is uninformed respecting our science and the marvelous advances it has made in the thirty years of its existence? However, that may be, the means he thinks which will be employed to relieve the masses from the injurious effects of drugging, are as follows: 1. Suggestion or psychic influence. 2. Hydrotherapy. 3. Massage. 4. Serums. 5. The physical forces of nature, viz., heat, light and electricity.

I suppose all schools employ the first mentioned agency to a greater or less extent, and likewise the second.

Under massage, he concedes its value on the ground that "Muscular activity means quickened circulation, nervous energy, improved performance of function, enhanced metabolism, and general well-being." If scientific massage accomplishes such effects,

how much more effective must be a system based on a thorough knowledge of the anatomical structures and physiological processes of the human body, the application of whose principles has demonstrated its corrective and curative efficacy in thousands of cases which other systems have pronounced hopeless.

In speaking of electricity as a curative agency, the writer says, "its effects have thus far been limited and disappointing." Yet "it is hardly possible that an agent which is so closely allied to nervous energy can be without great utility for the cure of disease."

The limits of this article do not justify further quotations. Its whole tenor is a plea for something saner than the system now in vogue.

In this connection I am reminded of an article published some time since giving a summary of the great discoveries made in various lines of human activities. In the Medical World, the two mentioned as the greatest were the discovery of certain rays and of a specific bacterium. One would naturally expect the drug therapists would discover some great specific in the way of internal medicine that should cut short the ravages of some body destroying disease. But not so. People, as well as drug doctors, are becoming convinced that the potency of pill and powder is rapidly diminishing, and while the latter through ignorance and prejudice will not recognize osteopathy, countless members of the former are turning to it with unfeigned joy and permanent relief. Let the good work go on. Truth will ultimately triumph, and while none of us may see the day when poisons will cease to be administered for the cure of the sick, the protest of osteopathy against such a course is certainly making itself felt.

* * *

Anatomy in a Nutshell.

BY W. R. LAUGHLIN, M. S., D. O.

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A Doctor's Letters to His Son. No. 2.

From Percival Q. Jones, M. D., Professor of Anatomy in—Medical College, St. Louis, Mo., to his son "La Monte" at Chicago, Ill.

By E. D. BARBER, D. O., Author of Confession of An M. D.

DEAR LA MONTE:—

I am more than ever impressed with the osteopathic theory, but for various reasons have neglected to pursue my investigations as fully as I expected when I wrote you last August. We are a family of Doctors, as you know, and they all objected. Then "Prybolinsky" my partner, hinted at a loss of professional prestige, and threatened to move his office. You remember old man Jarboe, chief electrician at the power plant. I have had him on my books for the past fifteen years, sending him a statement every twelve months, and never making it less than an even hundred. Well an osteopath butted in on that case just as my medicine was taking effect, and got all the credit. That naturally made me sore.

I have just got home from Kansas City, where I attended the annual convention of our Missouri Valley Medical Association. While there I met my old friend, "Dr. R. M. Stone," of Omaha, who informs me that in Nebraska a very drastic law has just passed the legislature, which will protect the people from the dangers of osteopathy, massage, and other forms of drugless healing.

Dr. Stone has discovered a new anæsthetic, which he calls "Anæsthetol," and Thursday morning in the presence of 50 of us old timers, he was scheduled to give a practical illustration of its merits.

As time was pressing after a brief congratulation of the Nebraska scientist, on the passage of a law in his state eradicating the drugless evil, a large husky negro, "David Peters" by name, was placed on the operating table. He was suffering from what had been diagnosed as a cyst on the liver, by medical experts, and had volunteered as a subject for a surgical operation to be performed by a noted physician of Kansas City.

I was very much interested, as not so very many months ago I was present at a clinic in St. Louis, where Prybolinsky officiated as surgical demonstrator for our col-

lege. Unfortunately in that instance, the results were rather unsatisfactory, as the doctor mistook a femoral aneurism, for a butyroid tumor, plunging his knife into the morbid dilation of the artery. Very naturally our patient died.

Now when the negro was brought in, "who in consideration of free medical and surgical treatment," had agreed to become a subject for Stone's new anæsthetol, I had hoped for something better. I was doomed however to disappointment, for in just one minute after Dr. Stone, "the Nebraska scientist," administered his anæsthetol, Gabriel's trumpet sounded, and that colored man passed on.

This being a gathering of professional gentlemen, I did not hold the watch, but accepted as correct the figures given in the Kansas City Times, Saturday morning, March 25th, under the conspicuous heading, "The experiment Was Fatal."

I wish to state right here that the surgeon was in no way at fault, for Peters escaped the knife by his sudden exit. Neither could Stone, or his anæsthetol be censured, for after removing the dead body, a live woman was brought in, who admirably stood the test. At the postmortem held that evening, we decided that the diagnosis was wrong, for there was no cyst on the liver, but water instead, in the pleural and cranial cavities, and it was unanimously decided that he would have succumbed to any anæsthetic in common use. Be that as it may, the poor darkey had the worst end of a bad bargain. The more I see of medicine the less I like it. Fifty physicians, mistaken diagnosis, death in sixty seconds, that reads like fiction, and beats Prybolinsky's best time by a fraction over seven minutes.

St. Louis doctors must look to their laurels. Nebraska holds the records, Christian Science is out of the race. The elusive osteopaths are miles behind, and I wonder now will they ever strike our gait.

As ever your father,

PERCIVAL Q. JONES,

P. S.—Just received a telegram from Stone. It seems while he was in Kansas City experimenting on the negro, some osteopaths from Omaha, slipped down to Lincoln, pried our bill loose, and got it sidetracked for two years. Eternal vigilance is

the price of liberty, the first thing we know those drugless doctors will become aggressive and ask for laws which would jail a good fellow like Stone, or my old partner, "Dr. Prybolinsky."

P. Q. J.

* * *

Ohio Board Makes New Ruling.

The Osteopathic Examining Committee of Ohio has adopted the following rules regarding applicants who desired to take the osteopathic examination. The first ruling was authorized at the first meeting of the committee June 4th, 1902, the others at the meeting of the committee June 13th, 1905.

Graduates of reputable schools of osteopathy which are recognized by the American Osteopathic association and the Ohio osteopathic committee, are eligible to take the Ohio examination providing they comply with the preliminary and other qualifications of the Ohio law.

That applicants for examination from schools which have not been approved by the American Osteopathic association and the Ohio Osteopathic committee, may be admitted only upon the regular diploma of a school so approved after the applicant shall have been in consecutive attendance for not less than one-fourth of the regular course in said approved school.

That each applicant to practice osteopathy in Ohio graduating after February, 1907, must have received a diploma from a school approved by the American Osteopathic association and the Ohio Osteopathic committee after completing a course of study of not less than three years of nine months each."

M. F. HULETT, D. O.,

Secretary.

* * *

Program of the Annual Meeting A. O. A. Denver, August 14-18, 1905, Brown Palace Hotel.

MONDAY, AUGUST 14.

8:00 p. m.—Call to Order. Opening remarks by the president, Dr. C. P. McConnell, Chicago, Ill.

Innovation, Rev. Flournoy Payne.

Address of Welcome, One of the State Officials.

Address of Welcome, Hon. Robert Speer, Mayor of Denver.

Response, President McConnell. Music.

Welcome of Colorado Osteopathic Society, Dr. Nettie Hubbard Bolles.

Response, Dr. Paul M. Peck, San Antonio, Texas.

Music.

Informal Reception.

TUESDAY, AUGUST 15.

9:00 a. m.—Paper, "Are the Osteopaths to be Swallowed Up?" Dr. J. T. Bass, Denver, Colorado.

9:15 a. m.—Discussion, led by Dr. Ernest D. Evers, Hackensack, N. J.

9:35 a. m.—Paper and Demonstration: "Tubercular Knee," Dr. Frank P. Young, Kirksville, Mo.

9:55 a. m.—Discussion, led by Dr. W. L. Buster, Mt. Vernon, N. Y.

10:15 a. m.—Clinics. (a) Spinal Meningitis, Dr. A. L. McKenzie, Kansas City, Mo.

10:30 a. m.—Discussion, led by Dr. C. B. Atzen, Omaha, Neb.

10:45 a. m.—(b) Tubercular Hip.

11:00 a. m.—Discussion.

11:15 a. m.—Business: Reports of Officers and Trustees.

12:00 m.—Paper, "The Non-Manipulative Part of Osteopathic Therapeutics," Dr. Clara L. Todson, Elgin, Ill.

12:15 p. m.—Discussion.

12:30 p. m.—Paper, "The Osteopath in Emergency—Osteopathic First Aid to the Injured," Dr. F. LeRoy Purdy, Boston, Mass.

12:45 p. m.—Discussion, led by Dr. T. J. Eales, Belleville, Ill.

TUESDAY P. M. OUTING.

Excursion on the "Seeing Denver" cars.

WEDNESDAY, AUGUST 16TH.

9:00 a. m.—Paper, "The Practical Conduct of Contagious Cases," Dr. Frederick H. Williams, Lansing, Mich.

9:15 a. m.—Discussion.

9:35 a. m.—President's address, Dr. C. P. McConnell, Chicago, Ill.

10:15 a. m.—Clinics. Gynecology, Dr. C. P. McConnell, Chicago, Ill.

10:15 a. m.—Clinics. Gynecology, Dr. Jennie B. Spencer, Des Moines, Iowa.

10:30 a. m.—Discussion.

10 45 a. m.—Business.

11:30 a. m.—Paper and Demonstration.

(a) Technique for reduction of the different forms of dislocation of the hip.

(b) Reduction of a dislocated hip—actual case. Dr. Chas. E. Still, Kirksville, Mo.

12:00 m.—Discussion, led by Dr. E. J. Elton, Kenosha, Wis.

12:20 p. m.—Paper, "Diseases of the Rectum and Anus; Correlated Diseases, and Their Treatment," Dr. J. B. Bemis, St. Paul, Minn.

12:45 p. m.—Discussion, led by Dr. Herbert Bernard, Detroit, Mich.

WEDNESDAY, P. M. OUTING.

Trip over the Moffatt Scenic Railway.

THURSDAY, AUGUST 17.

9:00 a. m.—Paper, "Emergencies at Child-birth," Dr. Jennie B. Spencer, Des Moines, Ia.

9:15 a. m.—Discussion, led by Dr. L. O. Thompson, Red Oak, Iowa.

9:35 a. m.—Prize Essay.

10:00 a. m.—Clinics. (a) Hemophilia, Dr. W. H. Cobble, Fremont, Neb.

10:15 a. m.—Discussion, led by Dr. H. E. Penland, Eugene, Ore.

10:30 a. m.—(b) Empyema, Empyema, Dr. F. N. Oium, Oshkosh, Wis.

10:45 a. m.—Discussion, led by Dr. Clara E. Sullivan, Wheeling, W. Va.

11:00 a. m.—(c) Infantile Paralysis, Dr. Wm. Horace Ivie, San Francisco, Cal.

11:15 p. m.—Discussion.

11:30 a. m.—Business, (Election of officers, Fixing place of next meeting.)

12:15 a. m.—Paper and Demonstration, "An Osteopathic Modification of the Lorenz Operation," Dr. H. W. Forbes, Des Moines, Iowa.

12:45 p. m.—Discussion, Dr. J. Erle Collier, Nashville, Tenn.

THURSDAY, P. M. OUTING.

Trip to Leyden; Coal City of the Foothills.

FRIDAY, AUGUST 18.

9:00 a. m.—Paper, "The Future of Osteopathic Education," Dr. J. S. White, Pasadena, Cal.

9:15 a. m.—Discussion, led by Dr. W. E. Buehler, Chicago, Ill.

9:35 a. m.—Paper and Demonstration, "Osteopathic and Physical Examination of a Case of Pulmonary Tuberculosis," Dr. N. A. Bolles, Denver, Colo.

9:55 a. m.—Discussion, led by Dr. W. J. Hayden, Los Angeles, Cal.

10:15 a. m.—Business. Installation of officers.

11:00 a. m.—Clinics. (a) Spinal Irritation.

11:15 a. m.—Discussion, led by Dr. Oliver G. Stout, Dayton, Ohio.

11:30 a. m.—(b) Goitre.

11:45 a. m.—Discussion.

12:00 m.—(c) Subluxation of Innominate.

12:15 p. m.—Discussion, led by Dr. Elizabeth Broach, Atlanta, Ga.

12:30 p. m.—Paper and Demonstration, "Physical Examination of a Case of Valvular Lesion; the Diagnosis of Valvular Lesions," Dr. Robt. D. Emery, Los Angeles, Cal.

12:50 p. m.—Discussion.

1:00 p. m.—Final Adjournment.

FRIDAY, P. M. OUTING.

Visit to the Mint, Smelters, etc.

SATURDAY, AUGUST 19.

All day trip around the famous "Georgetown Loop."

Organizing in Pennsylvania.

The first meeting of the sixth district of Pennsylvania osteopaths was held at Emporium, Pa., the 8th of June.

This district comprises the following counties: Tioga Potter, McKean, Lycoming, Clinton, Cameron and Elk.

Dr. A. W. Vernon of Bradford was elected president.

It being the initial meeting the attendance was not very large but all present felt that it was good to be there.

Our next meeting will be full of interest and we hope to see a much larger attendance.

We are getting in line for the next state legislature and hope to win.

BESSIE M. SPENCER, D. O.,
Secretary.

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E. R. BOOTH, D. O.
Traction Bldg., Cincinnati, Ohio.

Clinic Reports.

REPORTED BY DR. R. M. COOPER, NORTON, KAN.
Chorea:—

Master W.—, age thirteen years, came for examination November 19, 1904. On examination I found the third and fourth cervical to left, also rib lesions on left side at the third, fourth and fifth. I treated the case four months with complete recovery. The treatment consisted in correcting the cervical and rib lesions.

Tinnitus Aurium:—

Mr. M.—, age forty-six, came for examination September 9, 1904. In this case the atlas was slipped to the left, also the second and third cervical were slightly to the left. I gave him six treatments correcting the lesions and he has never been bothered since.

Dysmenorrhoea:—

Mrs. M.—, age thirty-six, came for examination. She had suffered for two or three days before the menstrual period with severe headache and cramping. On examination I found lesions at third and fourth lumbar vertebrae, also retroflexion of the uterus.

I treated her for six weeks and succeeded in correcting the lesion. I also gave local treatment every ten days. The recovery was complete.

Lateral Curvature:—

Mrs. S.—, age twenty-two, came for examination August 16, 1904. The examination showed a distinct lateral curvature of the spine in the upper dorsal region from the third to the eighth with a compensatory curve in the lower dorsal and lumbar region. I treated the case seven months, the result a complete recovery, the spine having been entirely straightened.

REPORTED BY DRs. W. T. AND BERTHA L. THOMAS
SEDALIA, MO.

Hemiplegia:—

Case 1. In this case the attack came on about 4:00 p. m., November 28, 1904. We reached the case in thirty minutes and found the left side of face and right side of body paralyzed; no motion whatever in right arm and leg, speech lost. The breathing was

slow, pulse slow and irregular; the temperature was subnormal; the tissues on the right side of the neck and at the occiput were tense; the portal circulation was very poor and the patient was constipated from the very first. The bladder was almost normal in its action for the first three days when it ceased to expel urine.

The fourth day the patient talked in whispers and began using his arm. The improvement was gradual. The patient began eating gruel about the eighth day and in two weeks was eating solid food. The recovery seems to be perfect.

Case 2. Mr. B.—, age sixty-seven. On April 4th, six weeks after third attacks, we were called. Two M. D's. had held consultation and said patient could not live more than two or three days.

We found the right side completely paralyzed as was also the left side of the face. The patient was unable to talk.

The tissue in the neck were tense. The face, in fact, the entire head, seemed to be too full of blood. We went after the tight condition in the neck and the patient began to improve in a few days. The improvement has been steady and now the patient can talk very well and walks five blocks to his store. We believe he will continue to improve if treatments are kept up for a time.

Report of Kansas State Meeting.

The best meeting we have had in the history of the association was held in the parlors of the National Hotel, Topeka, June 22, 1904.

Dr. M. E. Clark of Kirksville was present and gave a talk on the "Three Year Course," also conducted a clinic and question box.

Dr. W. J. Conner of Kansas City gave a demonstration of the correction of some difficult lesions.

Other numbers on the program were: President's Address, Dr. J. L. McClanahan, Paola.

Paper, The Prostate Gland, Dr. Mitchel Miller, Wichita.

Talk on Ethics, C. E. Hulett, Topeka.

Paper, "Thought Action in Disease," Dr. M. Jeannette Stocton, Manhattan.

Report of some interesting cases, Drs. Hook of Kingman, Drake of Garnett.

Clinics, Drs. Stanley of Wichita, Harvey of Topeka, and Drake of Garnett.

The election resulted in the following: President, Dr. J. L. McClanahan, Paola; vice-president, Dr. Gladdis Armer, Emporia; secretary, Dr. Annie K. Conner, Ottawa; treasurer, Dr. J. H. Bower, Salina. Trustees: Dr. Mitchel Miller, Wichita; Dr. H. K. Benneson, Clay Center; Dr. Linda Hardy, Hiawatha.

Delegates to A. O. A.: Drs. J. H. Bower, and H. K. Benneson. Wichita was selected as the next meeting place.

ANNIE K. CONNER, D. O.,
Secretary.

Sixth Annual Convention of the Illinois Osteopathic Association July 1, 1905, Auditorium Annex, Chicago.

MORNING SESSION—8:30 O'CLOCK.

Address of Welcome, Mayor Dunne (or his representative.)

Response, Dr. Henry Stanhope Bunting, Chicago.

President's Address, Dr. Wm. Hartford, Champaign.

Business Meeting.

Election of Officers.

Selection of next meeting place.

AFTERNOON SESSION—1:30 O'CLOCK.

Music.

Invocation.

"Principle of Osteopathy, and Its Field," Dr. J. Martin Littlejohn, Chicago. Discussion, Dr. Henry Stanhope Bunting, Chicago.

"Pathology and Treatment of Prolapsed Organs," Dr. Carl P. McConnell, Chicago. Discussion, Dr. E. M. Brown, Dixon.

"Surgery in Its Relation to Osteopathic Practice," Dr. David Littlejohn, Freeport. Discussion, Dr. J. H. Sullivan, Chicago, Dr. R. M. White, Freeport.

Clinic, Dr. H. W. Forbes, Clinician of the S. S. Still College of Osteopathy, Des Moines, Iowa.

EVENING SESSION—8:00 O'CLOCK.

BANQUET—AUDITORIUM ANNEX.

TOASTS.

DR. WM. HARTFORD, Toastmaster.

"Unfolding the Science of Osteopathy,"

Dr. H. W. Forbes, Des Moines, Iowa.

"Disappointment," Dr. W. E. Conner, Chicago.

"The Nimble Penny," Dr. A. S. Melvin, Chicago.

"Our Ideals," Dr. A. W. Young, Chicago.

"What's the Use?" Dr. F. N. Grimsley, Decatur, Ill.

"Evolution of Osteopathy," Dr. H. H. Fryette, Chicago.

Installation of Officers.

On the evening of May 20th at the Hotel St. Claire, the Detroit Osteopathic society gave a dinner and reception to Dr. Carl P. McConnell of Chicago. About twenty osteopaths were present.

After all the good things had been cleared away (by the doctors and their friends) the following toasts were responded to, Dr. Church president of the society acting as toastmaster:

Andrew Taylor Still, Dr. H. E. Bernard; Rational Methods, Dr. Edythe Ashmore; Some Problems, Dr. Minnie E. Dawson; Signs of the Times, Dr. George Ford; From the Patient's View, Miss Lee; Present Day Medicine, Dr. Carl P. McConnell.

Dr. McConnell spoke of the present tendency toward prophylactic treatment, and pointed out the advantage the osteopath has over the medical doctor in prevention of disease, being able by his methods of examination to diagnose and thus prevent many diseases before the symptoms have appeared.

Those present were: Dr. H. P. Sullivan, Dr. Anna Aplin, Dr. Charles Severy and wife, Dr. Amil Hobson, Miss Lee, Dr. Della Renshaw, Dr. Robinson, Dr. George Ford, Dr. Maud Brokaw, Dr. Minnie Dawson, Dr. Edythe Ashmore, Dr. Oscar Gates and mother, Dr. W. D. Green, Dr. Emily Green, Dr. Herbert Bernard, Miss Plass, and Dr. Church.

CHARLES L. SEVERY, D. O.,
Secretary.

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M. D. Price \$1.15.

A postal card will bring descriptive circular. Address Dr. E. D. Barber, 405 Hall Bldg., Kansas City, Mo.

The Journal of Osteopathy.

PUBLISHED MONTHLY

BY THE

JOURNAL OF OSTEOPATHY PUBLISHING CO.

KIRKSVILLE, MISSOURI.

Subscription, - 50cts. per year in advance.

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An Announcement.

On July 15th, I will retire from the active management of the Journal of Osteopathy in order to devote my full time to the work of teaching in connection with the American School of Osteopathy.

For the past five years I have acted in the capacity of both business manager and editor of this magazine and have had the pleasure of directing its growth to its present substantial proportions.

During most of this time I have also practiced my profession and taught classes in the American School. For some time I have thought I could accomplish more in osteopathy if I were to devote my time and energies to one line of work, and for this reason I have decided to give up the Journal work and devote my full time to studying and teaching osteopathy.

I will be succeeded as editor of the Journal, by Dr. R. E. Hamilton, for whom I bespeak the same hearty co-operation which it has been my pleasure to receive from our readers and friends.

GEO. M. LAUGHLIN.

Without doubt the most successful and

best attended meeting ever held by the Missouri osteopaths was the one at Springfield, June 8th and 9th. About fifty practitioners from all parts of the state were in attendance and each and every one declared the meeting to be the best he had ever attended. Only a few papers were read, most of the time being given over to the demonstration and discussion of actual cases. These meetings when conducted along the line of the Springfield meeting are going to be a power for good in our ranks. The secret of conducting a successful meeting has been discovered; practitioners want something they can make practical use of in their every day work.

The methods of diagnosis and treatment demonstrated on actual cases by competent, experienced demonstrators will fill our convention halls with interested listeners, and one good meeting of this sort is worth more to our profession than a hundred "on paper." Next year the annual meeting is to be held in Kirksville in May, and Dr. Hildreth, the new president, and every other officer and member of the association will exert every effort to make the next meeting a record breaker.

A two days' meeting will be held in the amphitheatre of the new A. S. O. hospital, and a new feature added to the program in that a half day's session will be devoted to surgical clinics.

Every osteopath in the state who desires to join the association should send his name to the secretary at once.

Dr. Nettie H. Bolles of Denver, who made her annual visit to Old Doctor's home during commencement week at the A. S. O., is very enthusiastic over the prospects for an unusually successful meeting at Denver this year.

Every effort is being made by the local entertainment committee at Denver for the most royal entertainment of visitors during convention week. Among the points of interest that may be visited, Dr. Bolles has kindly furnished the following list;

Excursion, "Seeing Denver." over principal street car lines of the city, fare 50 cts.

Trip over the new Moffat line, eighty miles into the mountains over the Divide, to

the present terminus, Arrow Head. Fare, \$3.00.

Trip through Clear Creek Canon and over the famous Georgetown Loop to Silver Plume. Fare, \$2.00.

Visit the U. S. mint and the smelters.

Other trips can be made to Ward over the renowned Switzerland Trail, or through the beautiful Platte Canon to any of the various resorts.

All visitors also should see Colorado Springs with its numerous points of interest, and go up Pike's Peak, and take a trip over the scenic short line to Cripple Creek, the famous mining city of the West.

* * *

The attention of our readers is called to the A. O. A. programme which appears in this issue of the Journal. Besides being given an opportunity to hear an excellent programme, the advantages of a trip to Denver are so numerous that we cannot urge too strongly our professional brethren to attend this convention. Coming as it does during August when every osteopath who has had a good business during the year needs a rest, and when the weather is sweltering almost every where except in the mountains, a visit to Denver and surrounding points will certainly be a thoroughly enjoyable affair.

Every practitioner should make an effort to keep to the front of his profession, and in order to do so he needs knowledge, he needs enthusiasm, he needs some recreation. These annual conventions are opportunities to obtain much of these needed assets that must be found to the credit of every live osteopath.

The programme speaks for itself, we feel sure you will enjoy it.

* * *

Although the time for securing osteopathic legislation this year has passed and the subject is now naturally little discussed either within our ranks or out of them, still reference to this subject at any time cannot be out of place, inasmuch as there exists in the osteopathic profession a considerable difference of opinion as to the character of legislation that should be asked for in the future, and, too, inasmuch as a number of states

are organizing at the present time to renew the fight for recognition at the next session of their legislatures. In seeking legislation in any state every selfish motive should be set aside, and only that which is just and best for the entire profession asked for. There should be, it seems to us, a unanimity of opinion as to what constitutes the best legislation for our people in general and the public as well, although of course local conditions in the various states must be taken into consideration. This fact alone will prevent uniform legislation in all the states, nevertheless certain underlying and fundamental rules could be agreed upon by a majority of the profession setting forth the minimum and maximum limits on matters educational, ethical etc., that should be observed in every instance. We hope this subject will be taken up at Denver at the A. O. A. meeting this year and something of this character affecting legislation adopted. Legislation intended to favor any school or clique of osteopaths and to discriminate against other schools and osteopaths is detrimental to the best interests of the science and disruptive in character. Where personal advantages are sought there can be no united profession, and that bond of fellowship which should be ever present between brethren of the osteopathic faith will be wanting. In this matter of legislation the fundamentals we would like to see observed are; a three years' course, an independent osteopathic board and the "Golden Rule."

* * *

On June 22nd the corner stone of the new A. S. O. hospital was laid with appropriate ceremonies in the presence of hundreds of students and citizens of Kirksville.

June 22nd, 1874 is given by Dr. A. T. Still as the birthday of osteopathy, and this occasion, the 31st anniversary of the discovery of his science, makes a new epoch in the onward march of a science that stands for progress and truth.

Addresses were delivered by Pres. J. R. Kirk of the State Normal, Dr. J. A. Grow of Memphis, Mo., Dr. Nettie Olds Haight of the A. S. O. faculty and the Old Doctor who laid the corner stone.

Sixth Annual Meeting of the Osteopathic Association Held June 8th and 9th, 1905, at Springfield, Mo.

PROGRAM.

FIRST DAY—MORNING SESSION.

Invocation, Rev. Moore.

Music—Mrs. Haldeman.

Address of Welcome—Mr. E. P. Mann.

Response—Dr. T. M. King, Springfield.

Paper—"When to Recommend a Surgical Operation," Dr. A. L. McKenzie, Kansas City.

Paper—"Diphtheria," Dr. E. C. Link, Kirksville, read by Dr. C. H. Hoffman.

AFTERNOON SESSION.

Paper—"Our Relations to Other Physicians," Dr. A. G. Hildreth, St. Louis.

Paper—"Gastro-Intestinal Catarrh," Dr. L. T. Lyne, Kansas City, read and discussed by Dr. A. B. King, St. Louis.

At the business meeting which followed Dr. Lyne's paper, the reports of the secretary and treasurer were read and accepted, and Kirksville selected as the next place of meeting.

The following telegram was sent to Dr. Still:

DR. A. T. STILL, Kirksville, Mo.

Your children, fifty strong, of the home state of osteopathy send greeting and best wishes to Pap. We are coming to see you at Kirksville next year, two hundred strong.

T. M. KING, Pres. M. O. A.

The following officers were elected for the ensuing year: President, Dr. A. G. Hildreth, St. Louis; vice-president, Dr. L. G. Holme, St. Joseph; second vice-pres., Dr. W. E. Elliott, Farmington; secretary, Dr. Adelaide V. Hede-gaarde, St. Louis; treasurer, Dr. Martha Petree, Oregon; state editor, Dr. Minnie Potter, Memphis. Trustees: Dr. G. M. Laughlin, Kirksville; Dr. W. J. Conner, Kansas City; Dr. Minnie Schaub, St. Louis; A. B. King, St. Louis; Dr. A. L. McKenzie, Kansas City.

EVENING—BANQUET.

Dr. T. M. King, Toastmaster.

Dr. G. M. Laughlin, Kirksville, "The Three Years' Course."

Dr. J. A. Grow, Memphis, "The Funny Side."

Dr. Martha Petree, Oregon, "Woman's Mission in Osteopathy."

Dr. W. J. Conner, Kansas City, "Do We Progress?"

Dr. C. H. Hoffman, "Woman."

Dr. Lou Quarry Noland, "Springfield."

Dr. A. G. Hildreth, "The Old Doctor."

This was an interesting and instructive meeting showing thought and earnest work.

Many pronouncing it the best state meeting they had ever attended.

GINEVRA GREEN, D. O.,
Secretary.

* * *

The Nobel Prize Contest.

A large number of inquiries are being received daily in regard to votes in the "Nobel Prize Contest." In answer to these questions we name below the following conditions of the contest:

It is intended as an expression of public opinion. Anyone can vote. Each name should be sent in but once. The votes should all be in before the last of August although no definite date is set for closing the contest.

An idea in sending cards and petitions is that the petitions may be used for those whose signatures could be obtained by personal request, and the cards for sending to friends through the mail.

R. E. HAMILTON, D. O.

* * *

At the annual meeting of the Connecticut Osteopathic association held in New Haven in March, the following officers were elected for the ensuing year: Dr. J. K. Dozier, president, Middletown; Dr. M. S. Laughlin, vice-president, Norwich, Dr. W. A. Willcox, secretary, Waterbury; Dr. B. A. Riley, treasurer, New Haven; Dr. B. F. Riley, New Haven, chairman executive committee.

W. A. WILLCOX, D. O.,
Secretary.

* * *

FOR SALE:—Office furniture, splendid location, first-class practice, town 25,000 in South Missouri. Address, N. M., Journal of Osteopathy.

COMMENCEMENT WEEK AT THE A. S. O.

Doctorate Sermon, Sunday, June 18,
2 p. m. Rev. C. N. Broadhurst.

Class Day Exercises.

TUESDAY, JUNE 20, 9:30 A. M.

- Male Chorus—"Lucky Jim," Wiles.
- President's Address, U. O. Deputy.
- Class Song—Vive La A. T. Still, Carrie B. Taylor.
- Class History, Harriet S. Owen.
- Mixed Quartet—"Extract of Opera," Root
- Mrs. Jameson, Miss Taylor, Mr. Ryerson, Mr. Daugherty.
- Class Prophecy, Arthur B. Cunningham.
- Music.
- Class Poem, J. Dennis O'Hagan.
- Class Song—June Class '05, Pauline R. Mantle.

Graduating Exercises.

WEDNESDAY, JUNE 21, P. M.

- Music, Orchestra.
- Mixed Chorus—"With Sheathed Swords, Costa.
- Address—Class Representative, M. G. E. Bennett.
- Music, Orchestra.
- Address—Faculty Representative, Dr. E. C. Link.
- Piano Solo—"Rhapsody," Mr. Banker.
- Presentation of Diplomas, Dr. A. T. Still.
- Music, Orchestra.

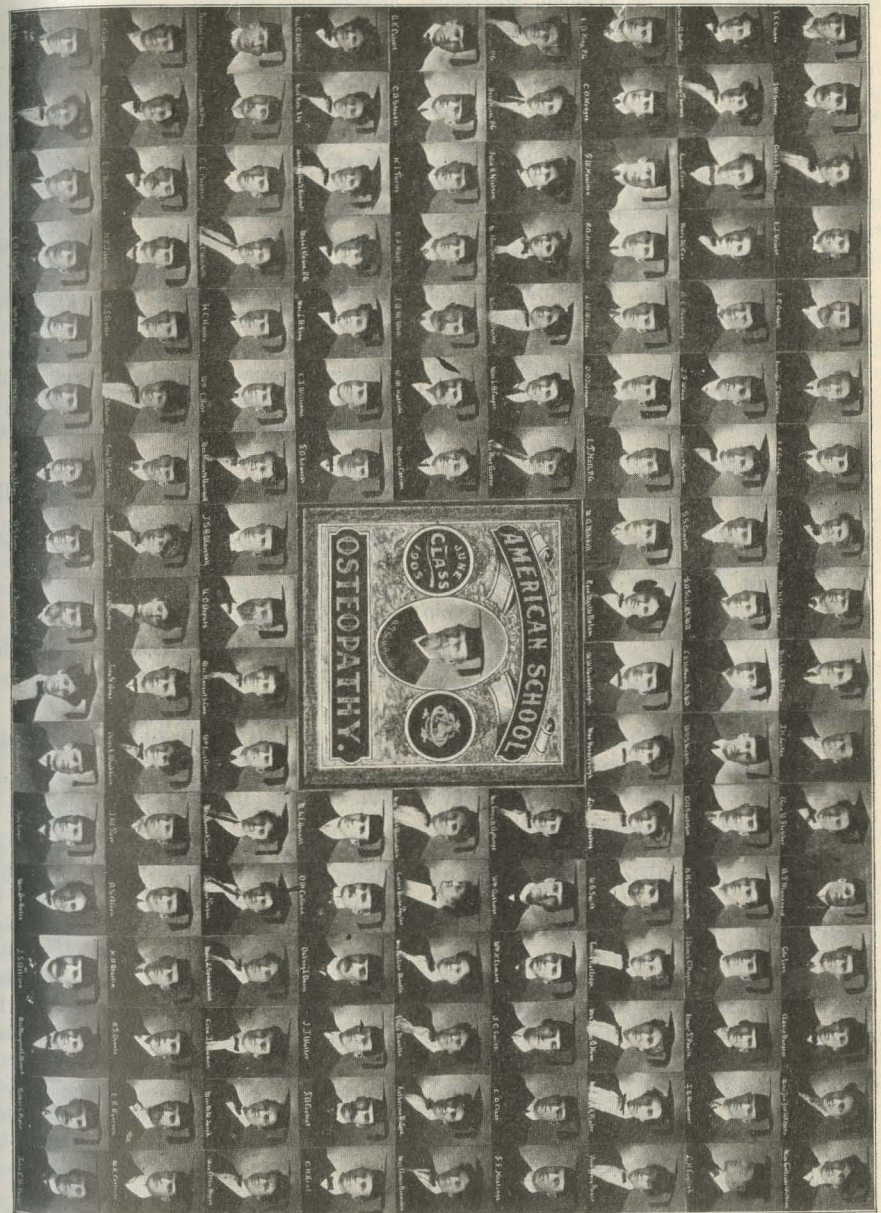
Graduating Class, June 1905.

- Allen, D. Scott Chillicothe, Ohio
- Allison, John Stephen Kirksville, Missouri
- Antes, Francis Leon Syracuse, New York
- Apthorpe, William Auburn, New York
- Apthorpe, Mrs. Edna May Auburn, New York
- Barker, Mrs. Clara I. Miller LaHarpe, Illinois
- Bennett, Milton G. E. Tarkio, Missouri
- Blanchard, A. F. Princeton, Illinois
- Bolam, Miss Rose Myrtle Quincy, Illinois
- Boles, Mrs. Lou Alma Illinois
- Bone, John F. Petersburg, Illinois
- Boyce, Miss Dora Peery Trenton, Missouri
- Brownlee, Mrs. Annie Edina, Missouri
- Burgess, Miss Addie Kirksville, Missouri
- Calland, O. M. Kansas City, Missouri
- Calvert, A. K. Luray, Missouri
- Campbell, Scott S. Circleville, Ohio

- Carey, Mrs. Eliza M. Great Falls, Montana
- Catron, Miss Myrtle Bigelow, Missouri
- Clapp, Carlos D. Adrain, Michigan
- Clark, Miss Edna Macon, Missouri
- Conard, Solon Eli Olney, Colorado
- Coon, Austin S. Caldwell, Idaho
- Coon, Mrs. Mary E. Caldwell, Idaho
- Coon, J. Franklin Battle Creek, Michigan
- Coon, Miss Susie Etta Battle Creek, Michigan
- Cooper, Miss Imogene B. New Boston, Texas
- Cottrell, Mead K. Chesterland, Ohio
- Cox, Miss Mary M. Uniontown, Pennsylvania
- Crofoot, Frank A. Auburn, New York
- Cunningham, Arthur B. Sioux City, Iowa
- Daniels, Arthur Howe Barre, Vermont
- Daugherty, Albert E. Lexington, Kentucky
- Davis, Dabney L. Enid, Oklahoma
- Deputy, Ulysses O. Stiles, Iowa
- Dodson, Chas. A. Kane, Illinois
- Domann, Miss Anna A. Ramona, Kansas
- Dowell, Robert Thadius Antwerp, Ohio
- Dunlap, Miss Nimmie Monticello, Missouri
- Edwards, Fred O. Pratt, Kansas
- Elmore, Wm. Homer Springfield, Illinois
- English, Leonard H. Wellsboro, Pennsylvania
- Ely, Miss Kate Vaiden, Mississippi
- Farquharson, Mrs. Gertrude Kaw City, Okla.
- Fisher, Lamont H. Kokomo, Indiana
- Fletcher, Miss Elsie V. McMinville, Oregon
- Goode, Geo. W. Boston, Massachusetts
- Goodell, Joseph Chas. Dinuba, California
- Graves, James W. Newport, Kentucky
- Greene, Miss Eva M. Worcester, Massachusetts
- Hamilton, Fred W. Jerseyville, Illinois
- Hamilton, Ray A. Jerseyville, Illinois
- Hartwig, Miss Lulu Lincoln, Nebraska
- Hartwig, Miss Josephine Lincoln, Nebraska
- Hastings, Fred E. Grant City, Oregon
- Hatfield, Wesley M. Low Ground, Missouri
- Hawes, Norman C. Coldwater, Michigan
- Heberer, Mrs. Lizzie Monmouth, Illinois
- Hodges, Chas. O. Cleveland, Ohio
- Hoffman, Charles H. Des Moines, Iowa
- Howe, Mrs. Frances A. New York City
- Howley, Ambrose N. Seattle, Washington
- Howze, Miss Eva Memphis, Tennessee
- Hughes, Mrs. Cinnie H. Kirksville, Missouri
- Ives, Gordon G. Battle Creek, Michigan
- Jelsma, H. P. Adams, Nebraska
- Johnson, Cassius L. Omaha, Nebraska

Photo by Moore.

GRADUATING CLASS, JUNE, 1905.



Kent, Oren H. Ottumwa, Iowa
 Kidwell, Mrs. May Vaiden, Mississippi
 King, Mrs. Lavonia B. Roachdale, Indiana
 Koons, Wm. N. Philadelphia, Pennsylvania
 Larsh, Miss Mercy, North Yakima, Wash
 Leiter, J. H. Omaha, Nebraska
 Loeffler, Miss Katherine A. Ogden, Illinois
 Mantle, Mrs. Pauline R. Springfield, Illinois
 Mantle, Miss Eliza Bloomington, Illinois
 Marshall, Mrs. Elizabeth. New Castle, Penn
 Marshall, J. S. Baird New Castle, Penn
 Martin, Harry B. Flushing, New York
 Merrill, Elmer Justin Richmond, Utah
 Messick, Mrs. Margaret E. Chicago, Illinois
 Middleditch, Mrs. Sarah. Petosky, Michigan
 Mitchell, Moses A. Springfield, Illinois
 Myers, Mrs. Ollie H. P. Ottumwa, Iowa
 McLeod, Miss Katherine. New Castle, N. B. C
 McManis, John V. Baird, Texas
 Newman, Miss Celia J. Grigsville, Illinois
 Nichols, Wm. S. Philadelphia, Pennsylvania
 Nielson, Miss Julie K. New York City
 O'Hagan, J. Dennis Fort Williams, Ontario
 Otey, James Mullane Picard, California
 Owen, Wm. Earl Bloomville, Ohio
 Owen, Mrs. Harriet S. Bloomville, Ohio
 Paul, Theodore Savannah, Missouri
 Persson, Miss Agnes E. Bangor, Maine
 Pheils, Elmer T. Toledo, Ohio
 Phippin, Clarence E. Watertown, New York
 Piper, Arthur S. Roodhouse, Illinois
 Prater, Miss Lenna Karns. Hampton, Iowa
 Reese, Wm. E. St. Marys, Ohio
 Rhodes, Miss Millie Brooklyn, New York
 Rieger, John Red Lodge, Montana
 Rust, Otto J. Lewiston, Idaho
 Rutledge, Miss Emily Oregon, Illinois
 Ryerson, Edwin Ramah. Lincoln, Nebraska
 Sharp, Milton H. Alhambra, Illinois
 Sharp, Mrs. Edna B. The Dalles, Oregon
 Singer, Mrs. Fannie H. East Orange, N. J
 Skidmore, J. Walter Monroe, Wisconsin
 Smith, Jesse Orsamus. Goodland, Indiana
 Smith, Walter S. Sterling, Colorado
 Smyth, Wm. P. Philadelphia, Pennsylvania
 Snedeker, O. O. Jerseyville, Illinois
 Spaulhurst, Miss Mary. Indianapolis, Ind
 Stoltenburg, Miss Lulu F. Dinuba, California
 Struble, Chas. D. New York City
 Still, George Des Moines, Iowa
 Tarr, Joseph Weinburg Moravia, Iowa
 Taylor, Miss Carrie Burke. Jackson, Michigan
 Thompson, D. Orvil Roodhouse, Illinois

Thorsen, Miss Marie. Rochester, Minnesota
 Tieke, Miss M. Elsa Brooklyn, New York
 Trabue, Miss Josephine A. McCune, Kansas
 Turley, H. I. Mexico, Missouri
 Vanderburgh, Winfield W. Salem, California
 Vanderburgh, Miss Mae. Salem, California
 Voight, Edward J. Rockford, Illinois
 Waggoner, John Newell. Jerseyville, Illinois
 Walker, J. Jay Medina, New York
 Washburn, Miss Daisy E. Port Clinton, Ohio
 Wendelstadt, E. F. M. New York City
 West, Jesse A. M. Low Ground, Missouri
 Whitney, Miss Isabelle T. New York City
 Wilkins, Miss Gertrude M. Cleveland, Ohio
 Wilkins, Miss Zeo Zoe. Cleveland, Ohio
 Wilkins, Lyman Woodbury. New York City
 Williams, Charles J. Cleveland, Ohio
 Wood, Joseph F. Williamsport, Pennsylvania

POST-GRADUATES.

Cline, Corria O., D. O. Monticello, Illinois
 Giddings, Miss Mary, D. O. Hamilton, Ohio
 Hall, Elmer T., D. O. Watertown, New York
 Hicks, Miss Bettsey, D. O. Battle Creek, Mich
 King, Edward, D. O. Philadelphia, Penn
 Platt, Miss Frances, D. O. Kalamazoo, Mich
 Skidmore, Mrs. Alta, D. O. Kirksville, Mo
 Vance, Miss Mabel, D. O. Indianapolis, Ind

* * *

Dr. J. A. Price Says Oklahoma Board Has Done Its Duty.

DR. GEO. M. LAUGHLIN,
 Kirksville, Mo.

DEAR DOCTOR:—In the June issue of the Journal of Osteopathy occurred an editorial that should not go unnoticed by the Oklahoma Osteopathic Board. The "certain Oklahoma town" is the town of Blackwell, and the "unqualified practitioner," is one Brewington. I understand that Mr. Brewington attended the A. S. O. for five months, then practiced under a graduate of the A. S. O. and so become a full-fledged osteopath as he claims. For five or more years he has practiced osteopathy, or pretended to at least, both in Kansas and Oklahoma. Mr. Brewington was located in Oklahoma prior to the passage of the osteopathic bill, but when the board was organized we went after the fakes. Mr. Brewington through his attorney claimed that under the provisions of the law, being a resident practitioner prior to the passage of the bill, that the board had

no right to interfere and could not compel him to either secure a certificate or leave the Territory. The board requested the opinion of the attorney general, who claimed the law could not and did not affect any one advertised as an osteopath prior to the passage of said bill. The board did not concur in such a construction of the law and called upon the attorney general in a body to reason with him but to no effect.

The gentleman who informed the Journal editor, "that the Oklahoma board has done nothing to enforce the law and uphold the science," knows these facts—then why such "information," as above quoted from the Journal? And further, as secretary of the board I have been after fakes constantly, routing every one to a man as far at least as they have come to my knowledge. I assure you that no fake has found smooth sailing, who has entered the Territory since our bill became a law. We have a new attorney general and are in hopes of getting a more favorable opinion, and if so the old fakes must go.

J. A. PRICE, D. O.,

Perry, Okla., June 25.

* * *

Personal Mention.

Drs. M. E. Clark and Warren Hamilton of the A. S. O. faculty are erecting elegant new residences near the Infirmary.

Dr. N. H. Woods, formerly of Cleveland, O., has changed his location to Collinwood, Ohio.

Dr. T. J. Watson has returned to his old location at Pueblo, Colo., where he will resume the practice of his profession.

Dr. S. S. Still of Des Moines, Iowa, will spend the months of July and August on a trip through northern Europe.

Dr. Chas. Hazzard of New York City, recently sailed for Panama. The Doctor expects to be gone about two months viewing Uncle Sam's new canal.

Dr. Josephine DeFrance of St. Louis, informs us that she expects to sail for Europe shortly to be absent during the balance of the summer.

Dr. Dora Wheat of Buffalo, N. Y., will

open an office at the Hotel Athentaeum, Chautauqua, N. Y., where she will practice during July and August.

Drs. W. E. and Amy L. Lyons have disposed of their practice at York, Nebr., to Dr. W. L. Bernard of the S. C. O. and have located at Nebraska City, Nebr.

Dr. Frank Fitzgerald of Parsons, Kans., with his wife and daughter, will spend the month of July camping in the mountains near Manitou, Colo. He expects to return to his practice at Parsons about Aug. 1st.

Dr. Anna K. Stryker, who was formerly at 1212 Champlain Building, Chicago, is now associated with Dr. Cornelia A. Walker for the practice of osteopathy at "The Martinique," 56 West 33rd St., New York City.

Dr. F. G. Crowley, for the past two years connected with the A. S. O. faculty, has located at Princeton, Ind., for the practice of his profession. Dr. Crowley is a thoroughly competent osteopath and we predict him success in his new location.

Dr. J. S. Yewell has changed his location from Greenville, Ky., to Owensboro, Ky. The Doctor has informed us that he has just recovered from a severe attack of appendicitis. His case was a severe one and he attributes his recovery to the osteopathic treatment which he received.

Dr. Alice M. Patterson and daughter, Miss Marian Lee Patterson, of Washington, D. C., and Dr. and Mrs. J. Albert Boyles of Baltimore, Md., will sail July 8th on a Cunard Line steamer from New York, for the British Isles. They will spend the summer touring England, Ireland, Scotland and Wales, making a flying trip to Paris.

The following alumni visited the A. S. O. during the past month: Drs. John Bell, Butler, Mo.; A. G. Hildreth, St. Louis, Mo.; L. D. Hickman, Princeton, Ill.; Ira McRae, Trenton, Mo.; A. L. McKenzie, Kansas City, Mo.; Frank S. Snedeker, Jerseyville, Ill.; Myrtle Harlan, Cleveland, O.; John H. Crenshaw, St. Louis, Mo.; Chauncey G. Rust, Lexington, Mo.; Daisy Walker, Quincy, Ill.; Levi W. Lyda, Nevada, Ia.; J. F. Byrne, Ottumwa, Ia.; Harriett A. Frederick, Butler,

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Married, on June 22nd, at Kirksville, Mo., Dr. O. F. Hisley and Miss Susie Etta Coon.

Married, on June the 14th, at Kansas City, Mo., Dr. Richard Graham of Vermillion, S. D., and Miss Eugenia White of Kansas City, Mo.

Born, on June 11th, to Dr. and Mrs. H. C. Jaquith of Toronto, Canada, a son.

Born, on June 12th, to Dr. and Mrs. Chas. Muttart of Philadelphia, Pa., a son.

Born, on June 7th, to Dr. and Mrs. William Graves, of Caddo, I. T., a daughter.

Born, on June 8th, to Dr. and Mrs. Geo. Wenig of Bath, N. Y., a son.

Died, on June first, at Chicago, Ill., Mrs. Henrietta Fisher Macauley, wife of Dr. D. B. Macauley and daughter of Dr. Albert Fisher of Chicago.

Removal Notices.

Mrs. M. T. Schoettle, D. O., from Salem, Ore., to Portland, Oregon.

Dr. Isabel Karney, from Muskogee, I. T., to No. 714½ Riverside Ave., Spokane, Wash.

Dr. R. E. Smith, from Condon, Ore., to Aberdeen, Wash.

Dr. F. A. Englehart, from Harrisonville, Mo., to 127½ Main St., Oklahoma City, Okla.

Dr. A. E. Fish, from Moscow, Idaho, to Pullman, Wash.

Dr. Lola L. Hays, from Wyanette, Ill., to 1525½, 5th Ave., Moline, Ill.

Dr. G. W. Leslie, from Florence, Ore., to Moscow, Idaho.

Dr. N. B. Barnes, from Clogate, I. T., to Meridian, Texas.

Dr. W. C. Swartz, from Carbondale, Ill., to Danville, Ill.

Dr. Frank H. Smith, from Kokomo, Ind., to Traction Bldg., Indianapolis, Ind.

Dr. John A. Bell, from Hannibal, Mo., to Butler, Mo.

Dr. H. B. Ryals, from Dennison, Texas, to Sulphur Springs, Ind. Ter.

Dr. Grace Bullas, from Petoskey, Mich., to Biloxi, Miss.

Dr. E. O. Millay, from Hannibal, Mo., to Barry, Ill.

Dr. J. A. DeTienne, from Pueblo, Colo., to No. 1198 Pacific St., Brooklyn, N. Y.

Dr. Mary E. Hale, from Baker City, Ore., to Merced, Calif.

Dr. Anna K. Aplin, from 354 Jefferson Ave., to No. 213 Woodward Ave., Detroit, Mich.

Dr. J. W. Maltby, from Indianapolis, Ind., to No. 513 Mooney-Brisbane Bldg., Buffalo, N. Y.

Dr. C. L. Severy, from No. 97 Lysander St., to No. 232 Woodward Ave., Detroit, Mich.

The Cosmopolitan Osteopath, formerly published at Des Moines, has become consolidated with this magazine. According to our agreement of consolidation the unexpired subscriptions of the Cosmopolitan will be filled out by the Journal. Those who are subscribers for both magazines will have the credit due them from the Cosmopolitan transferred to their account with the Journal of Osteopathy.

A subscriber desires to secure the following back numbers of this Journal: September, 1900; July, 1900; December, 1904; March, 1904; January, 1905; February, 1905. Address, Journal of Osteopathy.

POST GRADUATE COURSE FOR TWO-YEAR GRADUATES.

The American School of Osteopathy will institute a seven months' post-graduate course for two-year graduates to begin Sept. 4th, 1905. The length of this course has been arranged so as to give our practitioners, together with the twenty months they have already had, a twenty-seven months' course, or a course equivalent to three years of nine months each.

Since the American Osteopathic association has demanded a three years' course and all our recognized colleges have complied with that demand by instituting a three years' course, and since three-year laws have been recently passed in several states, and, without doubt, all future legislation regulating our practice will be upon that basis, the advantages of this course are self-evident.

The practice of osteopathy during the past few years has made rapid strides towards a more scientific basis—much of error has been eliminated and much of truth incorporated. It is our intention to give in this course practical instruction along osteopathic lines with special attention to diagnosis and treatment so as to more completely equip our graduates to conduct a general practice.

Our new hospital will be in operation by Sept. 1st so that post-graduate students can and will be given special instructions in the treatment of surgical and acute cases. The course of instruction is as follows:

Applied Anatomy.....	Dr. Clark
Pathology and Bacteriology.....	Dr. Hoffman
Clinical Osteopathy.....	Dr. G. M. Laughlin
Surgery and Physical Diagnosis.....	Dr. Young
Dissection.....	Dr. Young
Physiology of Nervous System.....	Dr. Gerdine
Gynecology and Obstetrics.....	Dr. Clark
Skin and Venereal Diseases.....	Dr. Young
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Diseases of the Eye, 1 mo.		Obstetrics, 2 mo.	Surgery 4 mo.	Diseases of Children, 1 mo.			
Diseases of Skin and Venereal Diseases, 1 mo.			Physiology of the Nervous System 2 mo.	Medical Jurispru- dence, 2 mo.			

The tuition for this course is \$150. There are no extra expenses of any kind for laboratory fees or dissection, and the student is permitted to attend all cases and operations at the hospital without extra charge.

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SECOND YEAR.

FIRST SEMESTER.

Descriptive Anatomy.
Dissection.
Practice of Osteopathy.
Symptomatology.
Pathology.
Physiology.
Osteopathic Manipulations.

SECOND SEMESTER.

Demonstrative Anatomy.
Dissection.

Physical Diagnosis.
Diseases of Children.
Gynecology.
Pathology.
Practice of Osteopathy.
Clinical Osteopathy.

THIRD YEAR.

FIRST SEMESTER.

Applied Anatomy.
Obstetrics.
Bacteriology & Hygiene.
Principles & Practice of Surgery & Clinical Surgery.
Diseases of the Skin & Venereal Diseases.
Clinical Practice.
Clinical Osteopathy

SECOND SEMESTER.

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ASBURY PARK, N. J.—June 29 and 30, July 1 and 2, 1905. Account N. E. A. meeting.

BALTIMORE, MD.—July 5 to 10, 1905. Account Christian Endeavor meeting.

BUFFALO, NEW YORK.—July 7, 8 and 9, 1905. Account Elks' Convention.

DENVER, COL.—June 30 to July 4, 1905. Account of Epworth League Convention.

DENVER, COL.—August 12 and 13, 1905. Account Eagles' Convention.

INDIANAPOLIS, IND.—June 19 to 22, 1905. Account National Turnfest North America.

MILWAUKEE, WIS.—June 16 to 19, 1905. Account Modern Woodmen Encampment.

PITTSBURG, PENN.—August 21 to 26, 1905. Account K. of P. Convention. (Colored.)

PORTLAND, SAN FRANCISCO AND LOS ANGELES.—May 23 to September 30. Account Lewis and Clark Exposition and various Conventions.

TORONTO, ONT.—June 18, 19, 20 and 21, 1905. Account International Sunday School Convention.

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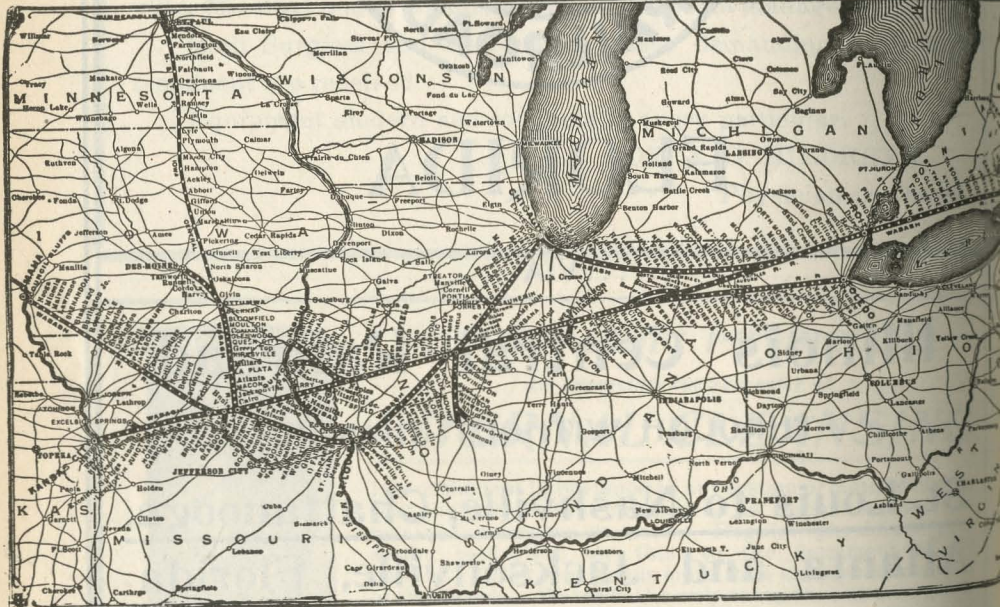
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